



Senior Rabbi Miriam Terlinchamp  
Associate Rabbi Simon Stratford  
Rabbi Gerry Walter, *Rabbi Emeritus*  
Stephanie Rhein, *President*  
John Bunyan, *Executive Director*  
Marta Hyland, *Director of Engagement*  
Bryna Bass, *Assistant Director of Religious School*  
Jenny Costello, *Administrator*

*Spiritual meaning and purpose are the center and focus of everything we do*

## Become a Chaver ["khah-VEHR"], Chaverah ["khah-VEHRAH"] / Become a Friend of Temple Sholom

### CONTACT INFORMATION

The information you provide will be kept confidential. It is intended only for our records. If you have any questions, please contact the Temple office at 513.791.1330 or [office@templeholom.net](mailto:office@templeholom.net).

#### Chaver/Chaverah 1

_____	_____	_____	_____
Last	First	Middle	Title
_____	_____	_____	_____
<input type="checkbox"/> Home Address	City	State	Zip
_____	_____	_____	_____
<input type="checkbox"/> Mailing Address (if Different from above)	City	State	Zip

#### Chaver/Chaverah 2

_____	_____	_____	_____
Last	First	Middle	Title
_____	_____	_____	_____
<input type="checkbox"/> Home Address	City	State	Zip
_____	_____	_____	_____
<input type="checkbox"/> Mailing Address (if Different from above)	City	State	Zip

#### Chaver/Chaverah 3

_____	_____	_____	_____
Last	First	Middle	Title
_____	_____	_____	_____
<input type="checkbox"/> Home Address	City	State	Zip
_____	_____	_____	_____
<input type="checkbox"/> Mailing Address (if Different from above)	City	State	Zip

If you have more than one residence listed above, please indicate at which address you would prefer to receive mailings.

### CHAVERIM/CHAVEROT INFORMATION

Please check one:

- Single       Separated       Divorced       Widow/er  
 Engaged       Partnered       Married; Wedding Date: \_\_\_\_\_       Other

	Chaver/Chaverah 1	Chaver/Chaverah 2	Chaver/Chaverah 3
Hebrew Name			
Preferred Pronoun			
Religious Affiliation if not Jewish			
Birthday(mm/dd/yyyy)			
Home Phone			
Cell Phone			
Preferred Email			
Occupation/Profession			

## CHILDREN INFORMATION

If applicable, please provide the following information as it applies to minor children (for additional minor children or special information, please attach a supplemental sheet):

	Child 1	Child 2	Child 3
First and Middle Name			
Last Name			
Preferred Name			
Hebrew Name			
Preferred Pronoun			
Date of Birth			
Bar/Bat Mitzvah Date			
Date Confirmed			
Name of School			
Current Grade			

If applicable, please fill in the following information as it applies to your children 18 and over:

	Child 1	Child 2	Child 3
Full Name			
Preferred Pronoun			
If college student: School and expected date of graduation			
Address if not living with you (please specify if college address)			
Email Address			

## FURTHER INFORMATION

How did you hear about us?

- Temple Website
- Live in neighborhood
- Union of Reform Judaism (URJ) directory or website
- Other website/Social Media: \_\_\_\_\_
- Jewish Publication
- Referred by: \_\_\_\_\_
- Other: \_\_\_\_\_

Reasons for being a part of our community?

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Religious School</li> <li><input type="checkbox"/> B'nai Mitzvah</li> <li><input type="checkbox"/> Clergy</li> <li><input type="checkbox"/> Marriage Ceremony</li> <li><input type="checkbox"/> Youth Programs</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Worship Service</li> <li><input type="checkbox"/> Adult Learning</li> <li><input type="checkbox"/> Community</li> <li><input type="checkbox"/> New to area</li> <li><input type="checkbox"/> Other: _____</li> </ul> |
|---|--|

## FRIENDS AND RELATIVES INFORMATION

Please list close friends or relatives who are already a part of the Temple Sholom family and their relationship to you (i.e. Sarah Cohen/Ben's cousin):

Name	Relationship

## Yahrzeit Information

If you have any yahrzeit(s) to commemorate, please provide the information below. Please check which date - Hebrew or secular - you would like used in commemoration of your yahrzeit. We will send you a reminder prior to this date. The name of your beloved will be read during the corresponding Shabbat service.

Name	Hebrew Name	Secular Death Date	Hebrew Death Date	Before/After Sunset	Relationship to which Chaver/ Chaverah
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Check this box if you are interested in a memorial plaque to honor the sacred memory of your loved one

**COMMUNITY INVOLVEMENT – FINDING YOUR PLACE AT TEMPLE SHOLOM**

We encourage everyone to find their place in our community. Please indicate if you or a member of your family would like additional information or are interested in participating in the following programs. A community representative will reach out to you.

- Book Club
- Brotherhood
- Education/Life Long Learning
- Fundraising
- General Volunteering - Ushers, Greeters, service readings, etc.
- GPS – Going Places with Temple Sholom
- Music - Choir and/or Playing a Musical Instrument: \_\_\_\_\_
- Ritual
- Rosh Hodesh Group
- Social Action/Social Justice
- Women of Temple Sholom
- Youth Programming/Youth Group
- Other interests/passions: \_\_\_\_\_

I am interested in contributing to the Temple Sholom community by (please check all that apply):

- Offering professional skills or services to Temple operations: \_\_\_\_\_
- Mentoring a congregant entering a similar profession: \_\_\_\_\_
- Sharing life experience with a congregant going through a similar situation: \_\_\_\_\_
- Offering other skills or services to the Temple (please list below i.e. photography, crafts, organizing, computer skills, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We are so happy to have you join our community at Temple Sholom! We are delighted that you have chosen to be a part of our congregation. Welcome home to Temple Sholom!

X \_\_\_\_\_  
 Chaver/Chaverah Signature Date

X \_\_\_\_\_  
 Chaver/Chaverah Signature Date

X \_\_\_\_\_  
 Chaver/Chaverah Signature Date

**Thank you!**  
**You will be hearing from Temple Sholom staff shortly.**

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**FOR OFFICE USE ONLY**

Notes: \_\_\_\_\_

Entered into ShulCloud by: \_\_\_\_\_

Referred to \_\_\_\_\_ Date \_\_\_\_\_

Referred to \_\_\_\_\_ Date \_\_\_\_\_

Referred to \_\_\_\_\_ Date \_\_\_\_\_

Referred to \_\_\_\_\_ Date \_\_\_\_\_