



Rabbi Simon Stratford, Associate Rabbi  
Rabbi Gerry Walter, Rabbi Emeritus  
Tom Glassman, President  
Mary Jo McClain, Executive Director  
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 and is intended only for our records. If you have any questions, please contact the Temple office at 513.791.1330 or [office@templesholom.net](mailto:office@templesholom.net).

### Chaver/Chaverah 1

Last	First	Middle	Title
<hr/>			
<input type="checkbox"/> Home address	City	State	Zip
<hr/>			
<input type="checkbox"/> Mailing address (if different from above)	City	State	Zip

### Chaver/Chaverah 2

Last	First	Middle	Title
<hr/>			
<input type="checkbox"/> Home address	City	State	Zip
<hr/>			
<input type="checkbox"/> Mailing address (if different from above)	City	State	Zip

### Chaver/Chaverah 3

Last	First	Middle	Title
<hr/>			
<input type="checkbox"/> Home address	City	State	Zip
<hr/>			
<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 prefer to receive mailings.

## CHAVERIM/CHAVEROT INFORMATION

Please check one:

- |                                  |                                    |   |                                   |
|----------------------------------|------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Single  | <input type="checkbox"/> Separated | <input type="checkbox"/> Divorced                     | <input type="checkbox"/> Widow/er |
| <input type="checkbox"/> Engaged | <input type="checkbox"/> Partnered | <input type="checkbox"/> Married; Wedding Date: _____ | <input type="checkbox"/> 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			

## 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?

☐ Religious School

☐ B'nai Mitzvah

☐ Clergy

☐ Marriage

ceremony

☐ Youth programs

☐ Worship service

☐ Adult learning

☐ Community

☐ New to area

☐ Other: \_\_\_\_\_

## 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 (ex. 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 programs below. A community representative will reach out to you.

- ☐ Book club
- ☐ Education/Life-long learning
- ☐ Fundraising
- ☐ General volunteering - ushers, greeters, service readings, etc.
- ☐ GPS – Going Places with Temple Sholom
- ☐ Music or Playing a Musical Instrument: \_\_\_\_\_
- ☐ Ritual
- ☐ Social action/Social justice
- ☐ 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.)

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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 \_\_\_\_\_