



Temple B'nai Israel

PRESERVING OUR FUTURE

Membership Application

Please complete this form and return it to the Temple

Member 1: Name (Title) First, Last

Member 2: Name (Title) First, Last

Informal Name: _____

Informal Name: _____

Date of Birth (Month/Day/Year)

Date of Birth (Month/Day/Year)

Anniversary Date (Month/Day/Year) : _____

Address (Street)

(City)

(State)

(ZIP+4)

Home Phone

Home Fax

Member 1: Cell Phone/Beeper

Member 2: Cell Phone/Beeper

Member 1: E-mail Address

Member 2: E-mail Address

CHILDREN

Name (First, Last)

Birthdate (Month/Date/Year)

(Grade)

M F

Name (First, Last)

Birthdate (Month/Date/Year)

(Grade)

M F

Name (First, Last)

Birthdate (Month/Date/Year)

(Grade)

M F

Name (First, Last)

Birthdate (Month/Date/Year)

(Grade)

M F

BUSINESS

1. Occupation

2. Occupation

Company Name

Company Name

Business Address

Business Address

City, State, ZIP

City, State, ZIP

Business Phone

Business Fax

Business Phone

Business Fax

Rabbi Daniel Treiser
 Danielle Rodnizki, Cantorial Soloist
 Barbara Bloom, Director of Membership Engagement
 Angela Wachtler, Temple Administrator
 Dani Gamson, Religious School Director
 1685 South Belcher Road Clearwater, FL 33764
 PH 727.531.5829 FX 727.530.5051
 www.TBIClearwater.org

For TBI Office Use Only:

_____ Val Sanford

_____ Angela Wachtler

_____ Barbara Bloom



Have you met with a member of our Senior Staff? Yes No

Would you like make an appointment to meet any of the above/and if so, whom? Yes No

FAMILY EMERGENCY CONTACT

Name: _____

Address: _____

Telephone: (____) _____

Cell Phone: (____) _____

Relationship: _____

Yahrzeit Information

Name of Deceased: _____

Relationship: _____

To Whom: _____

Hebrew Date: ____/____/____ (include year)

English Date: ____/____/____ (include year)

Plaque (Yes or No): _____

Order Memorial Plaque? _____

Name of Deceased: _____

Relationship: _____

To Whom: _____

Hebrew Date: ____/____/____ (include year)

English Date: ____/____/____ (include year)

Plaque (Yes or No): _____

Order Memorial Plaque? _____

Name of Deceased: _____

Relationship: _____

To Whom: _____

Hebrew Date: ____/____/____ (include year)

English Date: ____/____/____ (include year)

Plaque (Yes or No): _____

Order Memorial Plaque? _____

Use another sheet of paper for additional yahrzeit information, if needed.