

Membership Information Update Form

Please complete this form and return it to the Temple so we can update our records

Member 1: Name (Title) First, Last	Member 2: Name (Title)	First, Last	=
Informal Name:	Informal Name:	Informal Name:	
Date of Birth (Month/Day/Year)	Date of Birth (Month/Da		
Anniversary Date (Month/Day/Year):			
Address (Street)	(City)	(State)	(ZIP+4)
Home Phone	Home Fax		_
Member 1: Cell Phone/Beeper	Member 2: Cell Phone/B	eeper	-
Member 1: E-mail Address	Member 2: E-mail Addres	SS	-
	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		<u> </u>
City, State, ZIP	City, State, ZIP		
Business Phone Business Fax	Business Phone	Business Fax	_

Rabbi Daniel Treiser
Laura Berkson, 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
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*Have you met with a member of our Senior Staff?				
Would you like an appointment to meet any of the above/and if so, who?				
:	FAMILY EMERGENCY CONTACT	-		
Name				
Address:				
Telephone: ()				
Cell Phone: ()				
Relationship:				
	YAHRZEIT INFORMATION			
Name of Departed:				
Relationship:	To Whom:			
Hebrew Date:	English Date:			
Plaque (Yes or No):	Order Memorial Plaque?			
Name of Departed:				
Relationship:	To Whom:			
Hebrew Date:	English Date:			
Plaque (Yes or No):	Order Memorial Plaque?			
Name of Departed:				
Relationship:	To Whom:	<u></u>		
Hebrew Date:	English Date:			
Plague (Yes or No):	Order Memorial Plaque?	F-		

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