



TEMPLE BETH OHR OF LA MIRADA

15721 Rosecrans Avenue, La Mirada, CA 90638

Phone: (714) 521-6765 ☆ Email: office@tbolm.org

MEMBERSHIP APPLICATION

Please Print Clearly

Date: ____ / ____ / ____

	Adult 1	Adult 2
Preferred Title:	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Other _____	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Other _____
First Name:		
Middle Name:		
Last Name:		
Birth Date:		
Home Phone:		
Cell Phone:		
Work Phone:		
Email:		
Street Address:		
City, ST, Zip:		
If married, date of marriage:	____ / ____ / ____	
Emergency Contact:		
Name:		
Relationship:		
Phone Number:		

Jewish tradition in which you were raised:	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Reconstructionist <input type="checkbox"/> Secular	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Reconstructionist <input type="checkbox"/> Secular
If not raised in the Jewish tradition, are you	<input type="checkbox"/> Jewish by Choice <input type="checkbox"/> Non-religious <input type="checkbox"/> Other religion _____	<input type="checkbox"/> Jewish by Choice <input type="checkbox"/> Non-religious <input type="checkbox"/> Other religion _____

Jewish Education (Check all that apply)	<input type="checkbox"/> Jewish Religious School <input type="checkbox"/> Bar/Bat Mitzvah <input type="checkbox"/> Confirmation <input type="checkbox"/> Jewish Summer Camp <input type="checkbox"/> Other _____	<input type="checkbox"/> Jewish Religious School <input type="checkbox"/> Bar/Bat Mitzvah <input type="checkbox"/> Confirmation <input type="checkbox"/> Jewish Summer Camp <input type="checkbox"/> Other _____
Temple Affiliation (Most recent)	<u>Temple Name/Location</u>	<u>Dates of Membership</u>

	Adult 1	Adult 2
Your Hebrew Name		
Father's Hebrew Name		
Mother's Hebrew Name		

Occupation (If retired, previous occupation)	<u>Adult 1</u>	<u>Adult 2</u>
Company/Organization Name		
Volunteers are needed to keep Temple Beth Ohr running! Please indicate below your availability to support the Temple. Options include: serving as a Shabbat Usher, Tech Team, Sunday School, Hebrew Lab, or one of the committees (Religion, Membership, Education, House, Security, Ways and Means, Finance, Publicity/Communication)		
Volunteer Interest:		

Please list children living in your home. (Use a blank page of paper if more space is needed)			
Child #1 Name:	_____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date: ____ / ____ / ____
	<i>Last First Middle</i>		
Hebrew Name:	_____	Interested In:	<input type="checkbox"/> Religious School <input type="checkbox"/> Bar/Bat Mitzvah <input type="checkbox"/> Confirmation
Child #2 Name:	_____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date: ____ / ____ / ____
	<i>Last First Middle</i>		
Hebrew Name:	_____	Interested In:	<input type="checkbox"/> Religious School <input type="checkbox"/> Bar/Bat Mitzvah <input type="checkbox"/> Confirmation

Do you currently have any children in college? *(Use a blank page if more space is needed)*

☐ Yes ☐ No

Name: _____ Birth Date: ____ / ____ / ____

College Name: _____ Year in College: ☐ 1 ☐ 2 ☐ 3 ☐ 4

Student's Mailing Address: _____

How did you find out about TBO?	
Other information you would like us to know?	