



# MEMBERSHIP APPLICATION

Temple Shir Shalom of Oviedo  
P.O. Box 623182 Oviedo, FL 32762-3182  
prayhappy@templeshirshalom.org 407.366.3556  
www.templeshirshalom.org

**We are delighted that you have chosen to join Temple Shir Shalom. We are a Reform, family oriented, inclusive Jewish congregation founded in December 2001.**

<b>Adult #1 Name</b> _____	<b>Adult #2 Name</b> _____
Hebrew Name _____	Hebrew Name _____
Date of Birth ____/____/____ Sex: M/F	Date of Birth ____/____/____ Sex: M/F
Religious Background: <input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Jew by Choice (date converted _____) <input type="checkbox"/> Not Jewish (affiliation _____)	Religious Background: <input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Jew by Choice (date converted _____) <input type="checkbox"/> Not Jewish (affiliation _____)
Occupation _____	Occupation _____
Email Address _____	Email Address _____
Cell/Business # _____	Cell/Business # _____

### Family Mailing Address:

Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

### Marital Status

Married (date of marriage \_\_\_\_\_)  
 Single (never married)  Divorced  
 Separated  Widowed

Please let us know how you learned about TSS: Website: \_\_ Heritage FI Jewish News: \_\_ Orlando Sentinel: \_\_  
JCC: \_\_ Jewish Federation: \_\_ Friend (name) \_\_\_\_\_ Other: \_\_\_\_\_

### Dependent Children

Name	Hebrew Name	Birth Date	Present Grade in School	Sex (M/F)
1. _____				
2. _____				
3. _____				
4. _____				

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### Yahrzeit Information

Please list the names of family members (parents, grandparents, children, siblings) for whom you wish yahrzeit recited. Their name will be memorialized at the Shabbat service prior to the anniversary date according to the Jewish or secular calendar. Feel free to attach a separate sheet if you have more yahrzeits than the space below allows:

Name	Relationship	to whom	Date of Death mm/dd/yr Hebrew/Secular
1. _____			
2. _____			
3. _____			
4. _____			

## CONGREGATIONAL INVOLVEMENT/VOLUNTEER

All members are part of the "Temple family". Our Family is a community of volunteers. Family life includes pursuing interests and sharing your talents with others and participating in Temple activities. Our Temple family needs your involvement in order to continue to grow and flourish. Please indicate your areas of interest below.

Please Check all interests:	Adult #1 Name	Adult #2 Name
<b>Community</b>		
Caring Programs (visitation, transportation, meals, etc.)		
Men's Club		
Social Activities (Adult/Family)		
Social Action (Community Involvement)		
Tikkun Olam/Mitzvah Day Planning		
Women's Club		
Yachad Group (Sr. Social)		
Youth Group		
<b>Education</b>		
Adult B'nai Mitzvah		
Adult Education		
B'nai Mitzvah		
Hebrew Tutor		
Religious School		
<b>Growth</b>		
Finance		
Fundraising		
Long Range Planning		
Membership		
<b>Worship</b>		
Adult Choir		
High Holiday Services		
Oneg		
Shabbat Services		
Ushering		
<b>Other - Please Write in</b> (Computer skills, Phone calls, Cook/Bake, etc.)		

**A person(s) from the above committees will be contacting you soon. Please provide your Contact Information:**

**Adult 1 Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Adult 2 Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_