



**MAIN LINE REFORM TEMPLE BETH ELOHIM
2017/2018 MEMBER INFORMATION**

The information on this sheet is used to plan programs and to help connect you with meaningful MLRT resources.

MEMBER #1

_____/_____/_____
 (Title) (Last Name) (First – include nickname) (Mid. Initial) (Date of Birth)
 ____ Single ____ Engaged ____ Married (incl. date) ____ Divorced ____ Separated ____ Widowed

Home Address: _____
 (Street)

 (City) (State) (Zip) Home Phone: _____

Cell Phone: _____ Email Address: _____

Employer Name: _____ Business Phone: _____

MEMBER #2

_____/_____/_____
 (Title) (Last Name) (First – include nickname) (Mid. Initial) (Date of Birth)

Cell Phone: _____ Email Address: _____

Employer Name: _____ Business Phone: _____

MEMBERS OF HOUSEHOLD (OTHER THAN MEMBERS LISTED ABOVE)

Name	Preferred Pronoun	Relationship	Birth Date	Email

FAMILY MEMBERS AFFILIATED WITH MLRT

Member's Name (your family unit)	Relative's Name	Relationship to Member



Yahrzeit Notification (Please add extra page if needed)

Member's Name	Name of Deceased	Relationship to Member	Date of Death (Month/Day/Year)
			/ /
			/ /
			/ /
			/ /

PLEASE CHECK IF YOU WOULD LIKE A YAHRZEIT PLAQUE FORM SENT TO YOU _____

AREAS OF INTEREST

If you would like more information, check Member #1 or #2:

- | | | | |
|--|---|---|---|
| ^{1 2}
<input type="checkbox"/> Adult Education | ^{1 2}
<input type="checkbox"/> Events/Fundraising | ^{1 2}
<input type="checkbox"/> Music | ^{1 2}
<input type="checkbox"/> Spiritual Chavurah |
| <input type="checkbox"/> Archives | <input type="checkbox"/> Finance/Budget | <input type="checkbox"/> Prime Timers | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Brotherhood | <input type="checkbox"/> Interfaith Life | <input type="checkbox"/> Religious Practices | <input type="checkbox"/> Technology/
Communication |
| <input type="checkbox"/> Building & Grounds | <input type="checkbox"/> Interreligious Community | <input type="checkbox"/> Religious School | <input type="checkbox"/> Torah Study |
| <input type="checkbox"/> Caring Community | <input type="checkbox"/> Israel | <input type="checkbox"/> Sisterhood | <input type="checkbox"/> Ushering |
| <input type="checkbox"/> Early Childhood Educ. | <input type="checkbox"/> Leadership Development | <input type="checkbox"/> Social Action/
Tikkun Olam
Network | <input type="checkbox"/> Youth Engagement |
| <input type="checkbox"/> Empty Nesters | <input type="checkbox"/> Library | | |
| <input type="checkbox"/> Endowment/Development | <input type="checkbox"/> Membership | | |

Other: _____

WHY DID YOU CHOOSE MLRT?

- Early Childhood Education Family member(s) affiliated with MLRT New to the community
 Recommendation Religious School Social connections Spirituality

Other: _____

Other Religious Affiliations: _____

Additional Info: _____

WOULD YOU LIKE TO BE PAIRED WITH AN "AMBASSADOR"? Yes ____ No ____

____ Someone from AREAS OF INTEREST above?

OR one of the following:

____ Family with school-aged children in the ECE/preschool program

____ Family with school-aged children in Religious School

____ Empty Nester

____ Prime Timer (our active seniors group)