



MEMBER INFORMATION 2019/2020

To ensure the accuracy of our records, we request that ALL members complete this form.

FAMILY NAME: _____

HOME ADDRESS: _____

CITY/ST/ZIP: _____

HOME PHONE: _____

	ADULT #1	ADULT #2
FIRST NAME:		
LAST NAME:		
NICKNAME:		
HEBREW NAME:		
PREFERRED PRONOUN(S):		
CELL PHONE:		
EMAIL:		
OCCUPATION:		
EMPLOYER NAME:		
WORK PHONE:		
RELIGIOUS AFFILIATION:		

MEMBERS OF HOUSEHOLD OTHER THAN THOSE LISTED ABOVE

FULL NAME	PREFERRED PRONOUN(S)	DATE OF BIRTH	HEBREW NAME

FAMILY MEMBERS AFFILIATED WITH MLRT

MEMBER NAME	RELATIVE'S NAME	RELATIONSHIP

Yahrzeit Information

MEMBER	NAME OF DECEASED	RELATIONSHIP	ENGLISH DATE OF DEATH MM/DD/YYYY

Please check if you would like a Yahrzeit Plaque Request Form sent to you _____

How would you like to get involved? Please specify Member 1 or Member 2.

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> <small>1</small> <input type="checkbox"/> <small>2</small>
<input type="checkbox"/> Adult Education
<input type="checkbox"/> Brotherhood
<input type="checkbox"/> Cinema Club
<input type="checkbox"/> Craft Beer Club
<input type="checkbox"/> Early Childhood Education
<input type="checkbox"/> Empty Nesters | <input type="checkbox"/> <small>1</small> <input type="checkbox"/> <small>2</small>
<input type="checkbox"/> Event Planning
<input type="checkbox"/> Faith Communities
<input type="checkbox"/> Inclusion Initiative
<input type="checkbox"/> Interfaith Life
<input type="checkbox"/> Israel
<input type="checkbox"/> Library | <input type="checkbox"/> <small>1</small> <input type="checkbox"/> <small>2</small>
<input type="checkbox"/> Membership
<input type="checkbox"/> MLRT Cooks
<input type="checkbox"/> Music
<input type="checkbox"/> Prime Time
<input type="checkbox"/> Religious Practices
<input type="checkbox"/> Religious School | <input type="checkbox"/> <small>1</small> <input type="checkbox"/> <small>2</small>
<input type="checkbox"/> Shabbat in Nature
<input type="checkbox"/> Sisterhood
<input type="checkbox"/> Social Action/Tikkun Olam
<input type="checkbox"/> Torah Study
<input type="checkbox"/> Ushering
<input type="checkbox"/> Youth Engagement |
|---|--|---|--|

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: _____
-

Please pair me with a Main Line Reform Temple ambassador _____

- Someone with areas of interest above
 Family with school-aged children in the ECE/preschool program
 Family with school-aged children in the Religious School program

Communication

Please select the Temple emails and notifications you are interested in receiving:

- Bereavement Notifications
 Brotherhood
 Monthly Bulletin
 Sisterhood
 Weekly News