



Membership Application

Name _____ Jewish Yes No Birthdate: _____

Spouse/Partner _____ Jewish Yes No Birthdate: _____

Children

List any children, their age(s)/DOB, and whether they are interested in religious school studies

Son/Daughter _____ Jewish Yes No Religious School Interest? Y / N

Son/Daughter _____ Jewish Yes No Religious School Interest? Y / N

Son/Daughter _____ Jewish Yes No Religious School Interest? Y / N

Address: _____

City _____ State _____ Zip _____

Home and Cell Phone Number(s):

E-mail(s): _____

Membership Type: Family Individual Student Affiliate (non-voting)

Affirmation: I/We hereby apply for membership in the congregation of the Temple House of Israel. I/We agree to abide by the Temple Bylaws and to pay annual dues as may be fixed by the congregation and its board. I/we are not a practicing member of any other religious faith.

Is there any other information you would like to share with us?

Signature _____ Date _____

Email a scanned/pdf copy of your signed application to: THOIMembershipQ@gmail.com
or send via regular mail to: THOI Attention Membership, P.O. Box 1412, Staunton, VA 24402-1412.