

**Suburban Temple - Kol Ami
Membership Application**

CHILDREN (not residing with parents)

Name	Congregational Affiliation	Date of Birth	Name of Spouse	Address / Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PARENTS

Father's Name _____
 Living Deceased

Address _____
Congregational Affiliation _____

Mother's Name _____
 Living Deceased

Address _____
Congregational Affiliation _____

BROTHERS AND SISTERS

Name	Spouse	Address	Congregational Affiliation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current Civic Participation

Please list community organizations of which you are a member. Please check those for which you serve on the Board of Trustees (Jewish or non-Jewish). If you are or have been an officer, please indicate.

What are your hobbies or special talents?

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INFORMATION - FEMALE

Name _____
(last) (first) (middle)

Date of Birth _____ Number of years in Cleveland _____

Occupation / Profession / Vocation _____
 Full time Part time Retired

Company Name _____

Business Address _____

City, Zip _____

Business Phone _____ Cell Phone _____

E-Mail _____ Nickname _____

Current Religious Preference: Reform Orthodox
 Year Converted _____ Conservative Non-Jewish Denomination

CHILDREN (residing with parents)

Last name	First name	Date of Birth	Grade of School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHILDREN (not residing with parents)

Name	Congregational Affiliation	Date of Birth	Name of Spouse	Address / Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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Father's Name _____
 Living Deceased

Address _____

Congregational Affiliation _____

Mother's Name _____
 Living Deceased

Address _____

Congregational Affiliation _____

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BROTHERS AND SISTERS

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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

What are your hobbies or special talents?

