

**TEMPLE SHALOM
NEW MEMBER INFORMATION FORM**

Date _____, 20__

Please return this form to the Temple Shalom president or mail to:

Temple Shalom
P.O. Box 53711
Lafayette, LA 70505-3711

This information is used for the monthly temple bulletin, recognition of birthdays and anniversaries, and yahrzeits/Kaddish at Temple Shalom.

	First and last name	Birthday	Anniversary
Husband	_____	_____	_____
Wife	_____	_____	_____

	Name	Birth Date	Grade in School
Children	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Address: _____

Street	City	State	Zip
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Home Phone: _____

Work Phone: _____ (husband) _____ (wife)

Cell Phone: _____ (husband) _____ (wife)

Email Addresses: _____ (husband) _____ (wife)

Yahrzeits (Anniversary of Deceased Relatives)
(List all yahrzeits you wish remembered and Kaddish said for in our Temple. Designate whether you wish to observe the English date or the Hebrew date.)

<u>Name</u>	<u>Relationship</u>	<u>English Date</u>	<u>Hebrew Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____