

ome address		
ity	State	Zip
ome Phone	Home	e Fax
dult #1		
ame	Occ	cupation
ork Phone	Wo	rk Fax
irth Date	Hebrew	Name
-mail <i>No, I do not wish</i> :	Cell Phone to receive weekly e-n	e mails from the Temple
dult #2		
ame	Occ	upation
ork Phone	Wo	ork Fax
irth Date	Hebrew	Name
	Cell Phon to receive weekly e-n	ne mails from the Temple

Yahrzeit Information:

If you wo	uld like to	be reminded	of the a	anniversary	of the d	death d	of a
loved one							

Name of Deceased	Relationship	Date of Death
Congregation Activities/Te	opics in which you are i	interested:
 Volunteer at Social Events Adult Education Preschool Volunteer Religious School Volunteer Social Action Torah Study Usher at Services Adult Choir Room Parent Membership Committee Fundraising Committee 		Subjects Programs small social group)
I am also interested in:		
If you have special talents	, skills or areas of expe	rtise, please list them:
1	3	
2	 4.	_

Please Fill In For Each Child:

#1 Name	#2 Name		
(First) (Last)	(First) (Last)		
Address (if different)	Address (if different)		
Phone (if different)	Phone (if different)		
Birth Date	Birth Date		
School Grade	School Grade		
Hebrew Name	Hebrew Name		
#3 Name	#4 Name		
(First) (Last)	(First) (Last)		
Address (if different)	Address (if different)		
Phone (if different)	Phone (if different)		
Birth Date	Birth Date		
School Grade	School Grade		
Hebrew Name	Hebrew Name		

	Attending Religious School	Bar-Bat Mitzvah Date	Confirmation Date
Child 1	Y / N		
Child 2	Y / N		
Child 3	Y / N		
Child 4	Y / N		

How did you hear about Oak Park Temple?

0	Friend o Relative o Work Colleague o Realtor
0	Ad In Paper o Web Site o Phone Book Listing o Drove By
0	Other

What are the main reasons you are joining Oak Park Temple?

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