

Bat Yam Temple of the Islands

New Member Application

Please print. Please fill out the front and back of this form.

Today's Date: _____

NAME(S): _____

Mobile Phone Numbers (For Family members, please provide the mobile phone for each member):

Email Addresses (For Family members, please provide the email address for each member):

Local SW Florida Address: _____

City _____ Zip _____ Home Phone _____

Full-Time or Part-Time in Southwest Florida? _____

If Part-Time, Months Typically Spent in Florida (please circle all that apply):

January

April

July

October

February

May

August

November

March

June

September

December

Other Address (if applicable): _____

City _____ State _____ Zip _____ Home Phone _____

Primary Congregation Name & Location (if primary is other than Bat Yam Temple of the Islands):

Other Congregation(s) Memberships Name(s) & Locations (if applicable):

Birthday(s) (identify by Name(s) and Date(s)):

Anniversary (if applicable): _____

Yahrzeit Remembrance(s) (identify by Name(s), Date(s), and Relationship to you):

Optional
Please circle all that apply:

Religious Background (circle as many as apply):

Reform Conservative Orthodox Unaffiliated

Volunteer Interest(s):

Caring	Finance	Programs	Technology
Concert	Governance	Publicity/Communications	Tzedakah
Development	Membership	Social Action	Venue & Security
Education	Other: _____		

Special Skills or Hobbies:

Accounting	Film	History	Medicine	Photography	Torah Reading
Athletics	Finance	Law	Music	Poetry	Travel
Current Events	Graphic Design	Marketing	Performance	Technology	Writing
Other Skills: _____					

Please return this form in the enclosed pre-addressed, pre-stamped envelope to
Bat Yam Temple of the Islands, P.O. Box 84, Sanibel, Florida 33957.