

Sign Me Up!

Congregation Ner Tamid

(All information is confidential)

Date: _____

Name (Primary): _____
First Middle Last Hebrew Name

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Date of Birth: _____ Jewish: Yes/No

Employer: _____ Occupation: _____

Preferred E-mail address: _____

Name (Spouse): _____
First Middle Last Hebrew Name

Date of Birth: _____ Cell Phone: _____ Jewish Yes/No

Employer: _____ Occupation: _____

Preferred E-mail address: _____

Marital Status: Married/Divorced/Widowed/Separated/Single Anniversary _____

Emergency Contact Information:

Name _____ Relationship _____ Phone Number _____

School Aged Children

Name: _____
First Middle Last Nickname Hebrew Name M/F DOB Grade

First Middle Last Nickname Hebrew Name M/F DOB Grade

First Middle Last Nickname Hebrew Name M/F DOB Grade

First Middle Last Nickname Hebrew Name M/F DOB Grade

Primary Hometown: _____

Spouse Hometown: _____

How Did You Hear About Congregation Ner Tamid?

Website _____ URJ Referral _____ Congregant Referral _____ Word of Mouth _____ Las Vegas Israelite
_____ Other: _____

Committee Interest Information

Building & Grounds _____ Fundraising _____ Ritual _____
Chesed _____ Membership _____ Social Action _____
ECEC Parent Committee _____ NextGen _____
Finance _____ Religious School Family Connection _____

Volunteer Interest Information

Would you like to help as a volunteer?

_____ In the Temple or education office _____ Design promotional materials (flyers,
_____ Be a greeter on Shabbat _____ Adult Choir
_____ Other-Tell us your Talent!

Yahrzeit Information

Do you observe the English or Hebrew date?

Name of Deceased: _____
First Middle Last Relationship Date of Death Hebrew Date

Name of Deceased: _____
First Middle Last Relationship Date of Death Hebrew Date

Name of Deceased: _____
First Middle Last Relationship Date of Death Hebrew Date

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First Middle Last Relationship Date of Death Hebrew Date

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