

CONGREGATION B'NAI JESHURUN
SOUTH STREET TEMPLE



MEMBERSHIP QUESTIONNAIRE
(Updated November 2018)

2061 South 20th Street
Lincoln, Nebraska 68502
402-435-8004

Please print

Member No. _____

ADULT #1

ADULT #2

Full Name, including title (Mr., Mrs., Ms., Dr.)		
Maiden Name		
Hebrew Name		
Informal Name		
Address List in directory <input type="checkbox"/> Yes <input type="checkbox"/> No		
City, State, Zip		
Home Phone List in directory <input type="checkbox"/> Yes <input type="checkbox"/> No	()	()
Cell Phone	()	()
Email Address		
Birth Month/Day/Year		
City/State of Birth		
City/State of Childhood (if different)		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partner <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partner <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced
Month/Day/Year of Marriage		
Organizations of which you are a member, e.g. Jewish, Civic, Professional		
Were you born in Lincoln? If not, how long have you lived in the Lincoln area?		
Religious Status	<input type="checkbox"/> Jewish by Birth <input type="checkbox"/> Jewish by Choice <input type="checkbox"/> Not Jewish	<input type="checkbox"/> Jewish by Birth <input type="checkbox"/> Jewish by Choice <input type="checkbox"/> Not Jewish
Directory Membership Listing	<input type="checkbox"/> Member <input type="checkbox"/> Friend (Not Jewish) <input type="checkbox"/> Do not list in directory	<input type="checkbox"/> Member <input type="checkbox"/> Friend (Not Jewish) <input type="checkbox"/> Do not list in directory
Jewish Background	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Other _____	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Other _____
Name and location of previous congregation		
Do you presently belong to another religious institution? If yes, name and location		
Please check all that apply to you and fill in date	<input type="checkbox"/> B'nai Mitzvah _____ <input type="checkbox"/> Confirmation _____ <input type="checkbox"/> Jewish Day School _____ <input type="checkbox"/> High School/College Jewish Studies _____	<input type="checkbox"/> B'nai Mitzvah _____ <input type="checkbox"/> Confirmation _____ <input type="checkbox"/> Jewish Day School _____ <input type="checkbox"/> High School/College Jewish Studies _____

ADULT #1

ADULT #2

Highest Level of Education		
Discipline of Degree		
Occupation	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Type of Business		
Name of Business		
Business Address		
Business City/State/Zip		
Business Phone	()	()
Retired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous Occupation		

CHILD INFORMATION
(Please include Adult Children)

Child's Full Name First, Middle, Last	Jewish Y or N	Religious School Grade	Public School Grade	Year in College	Sex M/F	Date of Birth	Bar/Bat Mitzvah Date	Confirmation Year	Living at Home? Y or N
1.									
Hebrew Name: _____ Email Address: _____ Torah Portion: _____									
2.									
Hebrew Name: _____ Email Address: _____ Torah Portion: _____									
3.									
Hebrew Name: _____ Email Address: _____ Torah Portion: _____									
4.									
Hebrew Name: _____ Email Address: _____ Torah Portion: _____									
5.									
Hebrew Name: _____ Email Address: _____ Torah Portion: _____									

Please list the names of any relatives who are members of Congregation B'nai Jeshurun.

Name	Relationship

Yahrzeits Observed

Full Name	Relationship	Date of Death	Temple Plaque? Y or N

Observe Gregorian _____ or Hebrew _____ yahrzeits?

Remember to notify the Temple office of any pertinent changes.

_____ Signature

_____ Date

How can you use your skills/interests in current Temple activities? Please put a check mark by any of the following committees or volunteer opportunities with which you would like to be involved.

Family Name:	First Name:	First Name:
Committees		
Adult Education		
Building and Grounds		
Caring		
Communications		
Finance		
Fundraising		
Membership		
Pulpit / Worship		
Social Action		
Social Hall / Special Events / Hospitality		
Youth Education		
Other Volunteer Opportunities		
Choir		
Food Preparation (Hanukah, etc.)		
Gift Shop		
Greeter / Usher		
Oneg Provider		
Provide Piano Accompaniment		
Provide Other Vocal/Instrumental Music (please identify)		
Purim Spiel Player		
Religious School Helper		
Religious School Teacher		
Speaker (list topics)		
Teach Adult Education (list topics)		
Teach Hebrew		
Transportation to Services		
Youth Group		

How else can you help the Temple? Please list any skills, hobbies, sports, or other interests not listed above: (Examples might be carpentry, computer skills, writing, sewing, gardening, reading, etc.)

How can the Temple help you? Please respond to the following: What aspects of Jewish life do you find particularly interesting, meaningful, and/or enjoyable? What aspects of religious and cultural life are you interested in as a participant in the life of the congregation? What are you seeking as a member of Congregation B'nai Jeshurun? What would you like to see on the above lists that does not currently take place at the Temple?

