



Congregation Ner Tamid

P. O. Box 384
Cherry Hill, NJ 08003

Telephone (856) 354-1870

MEMBERSHIP APPLICATION

Individual or Family Name: _____

Home Address: _____

Home Phone: _____

Which of the following best describes your category of membership:

- Family (Male and female head of household, with children at home)
- Single head of household (male or female, with children at home)
- Single (live alone, or joining as a single member)
- Adult couple (no children, or no children at home)
- Retiree couple
- Retiree single
- Other (please describe): _____

	Adult Male	Adult Female
Name		
Birthday (year optional)		
Work phone (if applicable)		
Cell phone (if applicable)		
Email address		

Children (if applicable)

Name	Birthdate	Male or Female	Religious School Grade	Bar/Bat Mitzvah date

Yahrzeits Observed

Name(s)	Relationship	Dates Observed (Hebrew date or date and year of event)

Are you interested in any of the following Committees? (put M for male head of household and F for female head of household, if joining as a family)

Finance

Education

Ways and Means

Ritual

Membership

Building/Maintenance

Men's Club

Women's League