



# 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