



Congregation Beth Tikvah 2009-2010 New Member Profile

Please Note: The information requested on this form will be treated *CONFIDENTIALLY* by the Beth Tikvah staff. Please return this form with your annual membership dues form to the temple office.

Beginning this year, Beth Tikvah will share names and addresses of our members with the Columbus Jewish Federation.
If you prefer to NOT have your information shared, please check this box.

Name: _____

Address: _____

City, State, Zip: _____

Phone: (____) _____

My e-mail address may be used for:

Temple Directory Yes No

Temple Communications Yes No

E-mail : _____

	Birthdate MM/DD/YYYY	Name of Household Member	Employer/Occupation/Work Phone	Personal Cell Phone# (for office use ONLY)
M/F				
M/F				
M/F				
M/F				
M/F				
M/F				

1. Prior synagogue affiliation if any: _____ City: _____

2. Leadership positions held: A. _____ B. _____ C. _____

3. What are your main areas of interest at Beth Tikvah?

A. _____ B. _____ C. _____ D. _____

4. Would you like to be paired with an established member family who will serve as your mentor in the Beth Tikvah community? Yes No