



**Reform Temple of Putnam Valley**  
 Membership Application  
 362 Church Rd, PO Box 232  
 Putnam Valley NY 10579

**Application date** \_\_\_\_\_

Welcome to RTPV. We are delighted you have chosen to become part of our community. We hope that you will find membership an enriching experience and encourage you to explore the diverse opportunities for Jewish expression that our temple offers. Please call upon our Rabbi, Board members and Hebrew School Teachers whenever we can assist you in becoming part of our temple family. All information in this application will be treated confidentially. Please call or email us at (845) 528-4774 [TheRTPV@rtpv.org](mailto:TheRTPV@rtpv.org) if you have any questions at all or need assistance in filling out this application.

**Personal Information**

	<b>ADULT APPLICANT 1</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<b>ADULT APPLICANT 2</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Full Name		
Personal Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Hebrew Name (if known)		
Date of Birth		
Special Accommodations needed		

**Contact Information**

How would you like your name(s) to appear on Temple mailings?

Name(s): \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone 1: \_\_\_\_\_ Cell Phone 2: \_\_\_\_\_

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

## Children's Information

	Child 1 <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Child 2 <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Child 3 <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Child 4 <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
First and middle name				
Last name (if different)				
Hebrew name (if known)				
Birth date (and grade if applicable)				
Address (if not living with you)				
Are you interested in learning about our Hebrew School	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have more than four children, please attach an additional page.

## Emergency Contact Information

Adult 1 Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Adult 2 Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

## Opportunity for Participation

At RTPV, we believe that joining a congregation is a spiritual and emotional commitment. We encourage all congregants to become involved in all aspects of life in our congregational community. In furthering this ideal, we request that upon signing this application you commit to participate in congregational life. Please indicate which of these areas interest you by checking the appropriate box or boxes. Your participation will help strengthen the community and will make your temple experience more meaningful. You will be contacted by a congregation member with more information.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Adult Learning                   | <input type="checkbox"/> Holiday Celebrations and/or decoration |   |
| <input type="checkbox"/> Budget and Finance               | <input type="checkbox"/> Assisting with office work             | <input type="checkbox"/> Youth Group Activities |
| <input type="checkbox"/> Social Action & Mitzvah Projects | <input type="checkbox"/> Religious School Activities & project  |   |
| <input type="checkbox"/> Communications & Publicity       | <input type="checkbox"/> Visiting the Sick and Bereaved         | <input type="checkbox"/> Website Support        |
| <input type="checkbox"/> Maintenance & Building Repair    | <input type="checkbox"/> Sisterhood                             | <input type="checkbox"/> Fund Raising           |
| <input type="checkbox"/> Music – Choir                    | <input type="checkbox"/> Men's Club                             |   |

## Talent and Interest Survey

- |                                      |                                 |                                   |                                    |  |   |  |
|--------------------------------------|---------------------------------|-----------------------------------|------------------------------------|--|---|--|
| <input type="checkbox"/> Cooking     | <input type="checkbox"/> Music  | <input type="checkbox"/> Painting | <input type="checkbox"/> Gardening | <input type="checkbox"/> Electrical        | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Israeli Dancing |
| <input type="checkbox"/> Plumbing    | <input type="checkbox"/> Baking | <input type="checkbox"/> Driving  | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Sewing/Needlework | <input type="checkbox"/> Art              | <input type="checkbox"/> Travel          |
| <input type="checkbox"/> Other _____ |                                 |                                   |                                    |  |   |  |

What are your passions? What are your interests? What would you like from your membership?

**Applicant 1:** I, \_\_\_\_\_, am applying to become a member of \_\_\_\_\_.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Applicant 2:** I, \_\_\_\_\_, am applying to become a member of \_\_\_\_\_.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to Roni Rodman, Membership Chair at [Ronrod3@aol.com](mailto:Ronrod3@aol.com) or RTPV PO Box 232 Putnam Valley, NY 10579