

THE NEW REFORM TEMPLE

7100 Main Street, Kansas City, MO 64114 816-523-7809

I (we) hereby apply for Membership in The New Reform Temple of Kansas City, Missouri and agree, if accepted for Membership, to abide by the By Laws, as established by the Membership, and make a donation of annual dues, as fixed by the Board of Directors.

The following information is submitted for consideration by the Membership Committee and the Board of Directors:

PLEASE PRINT ALL INFORMATION

MEMBERSHIP CATEGORY (check one): SINGLE FAMILY {Married or Adult with Child(ren)}

MONTH/DAY/YEAR

NAME: _____ DATE OF BIRTH: _____

EMAIL: _____ CELL: _____

SPOUSES NAME: _____ DATE OF BIRTH _____

EMAIL: _____ CELL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ ANNIVERSARY (M/D/Y): _____

CHILDREN - THROUGH AGE 25 (UNMARRIED)

Name	Date of Birth MONTH/DAY/YEAR	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BUSINESS INFORMATION

HIS:

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK PHONE: _____ EMAIL: _____

HERS:

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK PHONE: _____ EMAIL: _____

(PLEASE CONTINUE ON REVERSE SIDE)

YAHRZEIT INFORMATION

Name of Deceased	Relationship	Related to Which Applicant	Date of Death MONTH/DAY/YEAR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Previous congregational or religious affiliation: _____

Years in Kansas City area: _____

Names of family members or friends who are NRT members:

_____ (name)	_____ (relationship)	_____ (related to which applicant)
_____ (name)	_____ (relationship)	_____ (related to which applicant)
_____ (name)	_____ (relationship)	_____ (related to which applicant)
_____ (name)	_____ (relationship)	_____ (related to which applicant)

Special interests or activities: _____

Dated this _____ day of _____, 20_____.

(Signature of Applicant)