



# Member Information Form

Please complete and return this form to the Temple office. All information you share with us will be confidential.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

Other Address (please specify): \_\_\_\_\_

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

	Adult 1	Adult 2
Name:		
Preferred Name / Nickname:		
Primary Phone:	H W C	H W C
Other Phone:	H W C	H W C
Email Address:		
Date of Birth:		
Years in Santa Barbara:		
Occupation / Profession:		
Company Name:		
Religious Background:		

Dependent Children:

Name	Birth Date mm/dd/yyyy

Primary reason for joining CBB at this time: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Friends and Family Members that belong to CBB: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is there anything else you would like us to know about your family, your special interests, or needs you may have?  
 \_\_\_\_\_  
 \_\_\_\_\_

**Yahrtzeit – Anniversary of an immediate family member’s passing**

If you would like us to send you a yahrtzeit notice, please fill out the table below with the information for your loved one.

Please indicate whether you would like the Hebrew or English date observed for each loved one.

Name of Loved One	Relationship	Date of Death mm/dd/yyyy
		H E
		H E
		H E
		H E

**Authorization and Release for Use of Information and Photographs:**

I grant Congregation B’nai B’rith (CBB) permission to use my name, photographs, videos, and testimonials of me and my family in CBB’s promotional, marketing, program materials, and media, for public relations purposes.

\_\_\_\_\_  
 Adult 1 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Adult 2 Signature

\_\_\_\_\_  
 Date

**C o n g r e g a t i o n   B ’ n a i   B ’ r i t h**