



TEMPLE  
MICAH

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# Membership Application

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Please submit this form to:

**TEMPLE MICAH**  
Attn: Brenda Bruno  
5209 Montview Blvd.  
Denver CO 80207

Or scan & email to:

[brenda.bruno@micahdenver.org](mailto:brenda.bruno@micahdenver.org)

Questions? Call: 303-388-4239 x2 ~ Or visit the Micah website: [www.micahdenver.org](http://www.micahdenver.org)

*Do Justly. Love Mercy. Walk Humbly."*

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## Applicant (A)

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

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

Phone (h): \_\_\_\_\_ Phone (w): \_\_\_\_\_

Phone (cell): \_\_\_\_\_ Email for temple's usual use: \_\_\_\_\_

Occupation: \_\_\_\_\_ One Email Preferred for Billing: \_\_\_\_\_

I am a: Jew by choice \_\_\_ Jew by birth \_\_\_ Non-Jew \_\_\_

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

Birth Date (mo/day/yr): \_\_\_\_\_ Marital Status: \_\_\_\_\_

Bar/Bat Mitzvah Date (mo/day/yr): \_\_\_\_\_ Wedding Date (mo/day/yr): \_\_\_\_\_

## Applicant (B)

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

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

Phone (h): \_\_\_\_\_ Phone (w): \_\_\_\_\_

Phone (cell): \_\_\_\_\_ Email for temple's usual use: \_\_\_\_\_

Occupation: \_\_\_\_\_

I am a: Jew by choice \_\_\_ Jew by birth \_\_\_ Non-Jew \_\_\_

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

Birth Date (mo/day/yr): \_\_\_\_\_ Marital Status: \_\_\_\_\_

Bar/Bat Mitzvah Date (mo/day/yr): \_\_\_\_\_ Wedding Date (mo/day/yr): \_\_\_\_\_

Children:

<u>Name</u>	<u>Birth Date (mo/day/yr)</u>	<u>School Grade</u>	<u>Hebrew Name</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Yahrzeits (secular):

<u>Name</u>	<u>Date(mo/day/yr)</u>	<u>Relationship</u>	<u>Name</u>	<u>Date(mo/day/yr)</u>	<u>Relationship</u>
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

How did you learn about Temple Micah?

\_\_\_\_\_

What attracted you to Temple Micah?

\_\_\_\_\_

With what other religious institutions are you affiliated?

\_\_\_\_\_

What synagogue activities or programs are of interest to you?

\_\_\_\_\_

\_\_\_\_\_

In which areas of synagogue life would you be interested in volunteering or sharing your skills?  
(Please mention things you especially enjoy doing or would like to do more!)

\_\_\_\_\_

\_\_\_\_\_

Do you have any friends or family who may be interested in Temple Micah whom we should contact?

\_\_\_\_\_

\_\_\_\_\_

*At Temple Micah we believe that joining a synagogue is primarily about becoming part of a community. We welcome you and look forward to getting to know you better! Please let us know how we may be helpful.*

Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ (for office use only)

\_\_\_\_\_

Applying for:

\_\_\_\_ Membership

\_\_\_\_ Associate Membership

Approved by Board on:

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_ Entered into database

