



TEMPLE BETH AM

CHAVURAH CONNECTION

REGISTRATION



Member Name:	Age:	Member Name:	Age:
Address:		Cell Phone:	
City, State, Zip:		Email Address:	
Cell Phone:		Occupation:	
Email Address:			
Occupation:			

I would like to be in a Chavurah with: (✓ all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Adult Singles | <input type="checkbox"/> Adult Couples | <input type="checkbox"/> Senior Singles |
| <input type="checkbox"/> Singles w/children | <input type="checkbox"/> Couples w/children | <input type="checkbox"/> Interfaith couples/families |
| <input type="checkbox"/> Empty Nesters | | |

What are your goals for joining a Chavurah: (✓ all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Celebrate Holidays | <input type="checkbox"/> Meet Day School Classmates/Families | <input type="checkbox"/> Expand Jewish Knowledge |
| <input type="checkbox"/> Socialize with other Temple members | <input type="checkbox"/> Meet religious school classmates/families | <input type="checkbox"/> Become more involved in the Temple |
| <input type="checkbox"/> Create an "extended family" | | <input type="checkbox"/> Celebrate Shabbat |
| | | Other _____ |

The Activities I would like to participate in with my Chavurah are: (✓ all that apply)

- | | | |
|---|--|-----------------------|
| <input type="checkbox"/> Dining Out | <input type="checkbox"/> Movies/Theater | |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Temple Events | |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Latin American Connection | Other Interests _____ |
| <input type="checkbox"/> LGBTQ | <input type="checkbox"/> Music | |
| <input type="checkbox"/> Israel | <input type="checkbox"/> Photography | |
| <input type="checkbox"/> Outdoor Activities | <input type="checkbox"/> Traveling/Exploring Miami | |

- I would like to be assigned to a Chavurah
- I am creating a Chavurah with the following people: _____
- I have been invited to join a chavurah with: _____

Name

Phone:

Please complete and return via Fax to 305.662.8619, OR Scan and Email to rdiaz@tbam.org OR Mail to:
Rita Diaz, Temple Beth Am, 5950 North Kendall Drive, Pincrest, FL 33156