



Chavurah Application

Member 1	Member 2
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Age: _____	Age: _____
Email: _____	Email: _____
Phone: _____ (m/h/w)	Phone: _____ (m/h/w)
Prefer: email text call	Prefer: email text call

Street Address : _____

City _____ Zip _____

Any children? Name: _____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

I am interested in a Chavurah that has (check all that apply)

<input type="checkbox"/> Singles with children	<input type="checkbox"/> Singles, no children
<input type="checkbox"/> Singles and couples with children	<input type="checkbox"/> Singles & couples, no children
<input type="checkbox"/> Gay & Lesbian	<input type="checkbox"/> Empty Nester
<input type="checkbox"/> Seniors	<input type="checkbox"/> Live in same area
<input type="checkbox"/> Interfaith Family	

I am interested in a Chavurah that shares the following activities (check all that apply)

<input type="checkbox"/> Jewish study	<input type="checkbox"/> Adult social gatherings
<input type="checkbox"/> Celebrate holidays	<input type="checkbox"/> Synagogue activities
<input type="checkbox"/> Social Action	<input type="checkbox"/> Child focused/family activities

What other kind of activities would you like to do in a Chavurah? _____

Would you be able to host the initial Chavurah meeting? _____

Do you have any other helpful information to assist us in placing you in a Chavurah that will meet your needs and interests?

Is there someone you would like to be with in a Chavurah? _____

Please return this form to:
 Temple B'nai Torah
 Attention: Chavurah program
 15727 NE 4th Street
 Bellevue WA 98008
 or tbtchavurot@a.templebnaitorah.org