

Temple Beth Tikvah Chavurah Application Form

Date _____

Last Name _____ First Name _____ Spouse's Name _____

Full Address (incl. Zip code) _____

Home Phone _____ Work Phone _____ e-mail _____

Children's names and ages _____

Are you a current member of Temple Beth Tikvah? _____ Have you ever been in a Chavurah? _____ Where/when? _____

Interests: Adult activities (list please) _____ Adult/children activities (list please) _____

Please rank the following in their importance to you (1, 2, 3,...8) with 1 being your most important point

_____ Celebration of Holidays _____ Religious emphasis _____ Study emphasis _____ Community Service
_____ Create an "extended family" _____ Social emphasis _____ Social and study emphasis
_____ Other (please amplify) _____

Your age group [] under 30 [] 31 to 40 [] 41 to 50 [] 51 to 60 [] 61+

Indicate the type of group you would be interested in joining (if multiple criteria, please rank with 1 being the most important)

_____ Couples the same age _____ Singles the same age _____ Empty nesters _____ Single Parents _____ Couples of various ages
_____ Retired couples _____ Couples with children the same age _____ Other (please amplify) _____

Do you have friends you would want to have in a Chavurah group with you? Please give us their names, phone numbers and e-mail addresses

Is there anything else that would help us place you in a Chavurah that meets your needs and interests? _____

Please return this form to:
Bunny and Herb Renkin
c/o Temple Beth Tikvah
9955 Coleman Road
Roswell, GA 30075