



# Temple Shalom Member Profile

*Help Us Get to Know You!*

Please send your completed profile to: Temple Shalom, 4615 Lowe Road, Louisville, KY 40220  
Or scan this form and email it to [information@templeshalomky.org](mailto:information@templeshalomky.org).  
Please include "Member Profile" in the subject line.

NAME(S): \_\_\_\_\_

DATE: \_\_\_\_\_

Member(s) Since: \_\_\_\_\_

Contact Info: Primary Telephone(s): \_\_\_\_\_ Email: \_\_\_\_\_

Preferred means of contact:  Phone  Email  Text  Mail  Facebook Message

### Birthdays and Anniversaries

\_\_\_\_\_  
\_\_\_\_\_

### Yahrzeits Observed

Full Name	Relationship	Date of Death
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Marital Status (if applicable)

Married  Single  Domestic Partnership  Other

Have you seen our Families of Temple Shalom Facebook page? \_\_\_\_\_

Tell us about you! What are your interests, skills, talents, hobbies? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What can we do to enhance your Temple Shalom experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Thank you!***

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_