

Appendix A: Sample Membership Record

The following form may be used for keeping the membership records of a monthly meeting. This form is intended only as a sample; meetings should feel free to alter it or design their own forms, according to their needs.

Some meetings may not recognize all the categories of membership mentioned on the form, such as birthright membership and associate membership.

Some information included on the form, such as data about members' families, may be useful but not strictly necessary for meetings to record. Meetings are urged to consider carefully what information to gather, and how much of this information they will regard as optional.

Meetings may receive requests for information in their records, from individuals researching their family histories or for other reasons. Clear policies should be adopted about when such information may be shared. These policies should be made clear to new members as they provide their data for the records.

Membership Record

Record number: _____

Record closed

Name: _____

Previous name(s): _____

Contact Information

Address: _____

Telephone number(s): _____

E-mail address(es): _____

Admission Data

Date of Admission: _____ by birth or adoption
 by application
 by transfer from _____

Membership Type: full
 associate, expires on _____

Termination Data

Date of Termination: _____ by death
 by release
 by transfer to _____

Remarks:

Personal and Family Data

Birthdate: _____ Place of birth: _____

Father's Name: _____

Is/was a member?

Birthdate: _____ Location: _____

Mother's Name: _____

Birthdate: _____ Location: _____

Marriage or Civil Union 1 to: _____

Date: _____ Location: _____

Marriage or Civil Union 2 to: _____

Date: _____ Location: _____

Marriage or Civil Union 3 to: _____

Date: _____ Location: _____

Child/Stepchild 1: _____

Birthdate: _____ Location: _____

Child/Stepchild 2: _____

Birthdate: _____ Location: _____

Child/Stepchild 3: _____

Birthdate: _____ Location: _____

Child/Stepchild 4: _____

Birthdate: _____ Location: _____

Child/Stepchild 5: _____

Birthdate: _____ Location: _____