

# TEMPLE ISRAEL

Tallahassee's Jewish Community Center

Dear Prospective Member,

We are very glad that you have expressed an interest in Temple Israel. Our congregation has over an 80-year history of being the premier center for Jewish life in the Florida panhandle. We will be most pleased to help you become part of our diverse and wonderful community.

Temple Israel is very active in all the three essential pillars of Jewish life; Torah (Jewish learning), *avodah* (worship), and *g'milut chasadim* (acts of loving kindness/social justice). Our Block Family Religious School provides a strong background for our Jewish youth, teaching both the ritual and ethical components of Judaism. We offer many opportunities for adult learning as well, from weekly classes to special educational events. There is no question that Temple Israel is a community of learners at all ages.

Our Shabbat worship services are an outreach to the heart, soul and mind. We celebrate Shabbat with services every Friday evening and Saturday morning. In addition to Shabbat and the Jewish holidays we offer services every Wednesday morning in our midweek *minyan*.

Our social action committee organizes community service projects every month in addition to other ongoing congregational mitzvot. In the spring we hold a Jewish Food and Cultural Festival in which thousands from the greater Tallahassee community come to sample great food, shop for Jewish art, and hear Jewish music. Whether you seek learning, spiritual inspiration, community activities, a chance to work in our congregational rain garden or even to help us serve a corned beef sandwich at our festival, Temple Israel has a place for you.

Temple Israel offers a full range of programming for every age, some of which include youth, young professionals, young families, and seniors. Our community also welcomes families of all configurations, be they interfaith, LGBT, single parent, and of any age. We support each other through our caring in times of sorrow and by celebrating our *simachot* (joyful times) together.

Please be in touch with any of our staff if you have any questions or concerns. It will be our pleasure to meet with you and get to know you.

L'shalom,

Michael Shields  
Rabbi

Akol Mirowitz  
Program and Membership Director

Susan Nipper  
President

Buddy Herrell  
Membership Chairperson

RABBI  
Michael Shields

RABBI EMERITUS  
Stanley J. Garfein

ADMINISTRATOR  
Lisa Slaton

EDUCATION & MUSIC  
DIRECTOR  
Stefanie Posner

PROGRAM & MEMBERSHIP  
DIRECTOR  
Akol Mirowitz

BOARD OF TRUSTEES  
*President*  
Susan Nipper  
*President Elect/Vice President*  
Claudia Blackburn  
*Treasurer*  
Mark Burk  
*Secretary*  
Marty Merzer  
*Honorary President*  
Edwin Fleet  
*Immediate Past President*  
Shannon Novey

*Trustees-at-Large*  
Bob Cantor  
Rebekka Istrail  
Mark Lewis  
Melanie Pelc  
Robert Rackleff  
Lorne Reinstein  
Leslie Sokol  
Claudia Sperber  
Brian Weinstein  
Josh Zelman

MEMORIAL AND CULTURAL  
FUND  
Bruce Wiener, Chair

SENIOR MEMBER ADVOCATE  
Lesley Mendelson

YOUTH ADVOCATE  
Audrey Byrne

BROTHERHOOD  
Michael Caster, President

SISTERHOOD  
Rebekka Istrail, President

PARTY PRESIDENT  
Anya Byrne

*A Reform Synagogue Affiliated with the Union for Reform Judaism*

2215 Mahan Drive · Tallahassee, Florida 32308-6162  
Telephone (850)877-3517 · Fax (850)656-9604  
E-mail: [admin@templeisraelth.org](mailto:admin@templeisraelth.org) Website: <http://templeisraelth.org/>

# Temple Israel Membership Application

We are delighted that you have chosen to join Temple Israel. We hope that you will find membership an enriching experience and encourage you to explore the diverse opportunities for Jewish expression that Temple Israel offers.

Your membership and participation are greatly appreciated. Please call upon our Rabbi, staff, and lay leaders whenever we can assist you. Welcome!

**TODAY'S DATE:** \_\_\_\_\_

<b><u>Adult I</u></b>	<b><u>Adult II</u></b>
Full Name	Full Name
Preferred Name (Bob for Robert)	Preferred Name (Bob for Robert)
Hebrew Name (if applicable)	Hebrew Name (if applicable)
Home Address	Home Address <input type="checkbox"/> Same
City, State, Zip	City, State, Zip <input type="checkbox"/> Same
Home Phone	Home Phone <input type="checkbox"/> Same
Cell Phone	Cell Phone <input type="checkbox"/> Same
E-mail	E-mail <input type="checkbox"/> Same
Occupation/Profession (if applicable)	Occupation/Profession (if applicable)
Business/Employer Name (if applicable)	Business/Employer Name (if applicable)
Position/Title (if applicable)	Position/Title (if applicable)
Business Phone (if applicable)	Business Phone (if applicable)

**Adult I**

**Adult II**

Birth Month, Day, Year

Birth Month, Day, Year

Place of Birth

Place of Birth

Marital Status     Single         Married  
                          Partnered     Engaged  
                          Widowed      Divorced

Marital Status     Single         Married  
                          Partnered     Engaged  
                          Widowed      Divorced

Marriage Anniversary (if applicable) \_\_\_\_\_

Marriage Anniversary (if applicable) \_\_\_\_\_

Religious Affiliation  
 Jewish

Religious Affiliation  
 Jewish         Not Jewish

Religious Background you were raised  
  
 Reform                 Conservative  
 Orthodox             Reconstructionist  
  
 Jewish unaffiliated    Other \_\_\_\_\_

Religious Background you were raised  
  
 Reform                 Conservative  
 Orthodox             Reconstructionist  
  
 Jewish unaffiliated    Other \_\_\_\_\_

Jewish Religious Education (if applicable)  
  
 Jewish Day School         Religious School  
 Bar/Bat Mitzvah         Confirmation  
 Post-Confirmation Education    Introduction to Judaism

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 Jewish Day School         Religious School  
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Do you currently (Please check any boxes that apply):  
  
 Read Hebrew  
 Speak Hebrew  
 Chant Torah/Haftorah

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 Read Hebrew  
 Speak Hebrew  
 Chant Torah/Haftorah

Secular Education

Secular Education

Hobbies or skills:

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Do you play an instrument? If so, what instrument?

Do you play an instrument? If so, what instrument?

Yahrzeit: Names (either English or Hebrew), Date, Relationship

Would you like to purchase a memorial plaque to honor their memory?

## Children's Information

List children in your household that are included in your family membership

	Child 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 2 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 3 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 4 <input type="checkbox"/> Male <input type="checkbox"/> Female
First and middle name				
Last name (if different)				
Preferred Name (Jake for Jacob)				
Hebrew name (if applicable)				
Birth date (month, day, year)				
Name of Current School				
Current Grade				
Address (if not living with you)				
Is this child being raised in the Jewish faith?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will this child be attending Religious School at Temple Israel?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If previously attended Religious School, list Congregation and City				
Bar/Bat Mitzvah: Date, Congregation, City				
Confirmation: Date, Congregation, City				

If you have more than four children, please use the empty space below or attach an additional sheet. Thank you

# Membership Pledge Form

Fiscal Year July 1, 2019 – June 30, 2020

Please indicate your membership category:

## General Membership

- |                          |  |                     |
|--------------------------|--|---------------------|
| <input type="checkbox"/> | <b>Senior Family Membership</b><br>(70 years old and over)                           | \$ 96.25 per month* |
| <input type="checkbox"/> | <b>Senior Membership</b><br>(Single person, 70 years old)                            | \$ 80.93 per month* |
| <input type="checkbox"/> | <b>Family Membership</b><br>(30 years old and over)                                  | \$139.59 per month* |
| <input type="checkbox"/> | <b>Single Head of Household Membership</b><br>(Single person, 30 years old and over) | \$111.25 per month* |
| <input type="checkbox"/> | <b>Under 30 Membership</b><br>(Each adult under 30 years old)                        | \$ 72.50 per month* |

\* Does not include a \$75 annual assessment for major building repairs and expenses (CNAF-Capital Needs Assessment Fund) or a \$75 assessment for building security.

Please charge me:

- |                          |  |                          |                      |
|--------------------------|--|--------------------------|----------------------|
| <input type="checkbox"/> | <i>Annually</i>                                  | <input type="checkbox"/> | <i>Semi-Annually</i> |
| <input type="checkbox"/> | <i>Quarterly</i>                                 | <input type="checkbox"/> | <i>Monthly</i>       |
| <input type="checkbox"/> | <i>Please continue current auto pay billings</i> |                          |                      |

## Giving Circles (All Giving Circles Include Membership Dues and CNAF)

- |                          |           |                   |                          |        |                  |
|--------------------------|-----------|-------------------|--------------------------|--------|------------------|
| <input type="checkbox"/> | Ner Tamid | \$10,000 annually | <input type="checkbox"/> | Shalom | \$5,000 annually |
| <input type="checkbox"/> | B'rucha   | \$3,600 annually  | <input type="checkbox"/> | Torah  | \$2,500 annually |
| <input type="checkbox"/> | Chai      | \$1,850 annually  |                          |        |                  |

## Associate Membership

- |                          |  |       |
|--------------------------|--|-------|
| <input type="checkbox"/> | Full dues paying member at another Synagogue within 200 miles annually Name of Synagogue _____ | \$360 |
|--------------------------|--|-------|

## Living Legacy

- I/We would like to learn more about how I/We can leave a lasting legacy to Temple Israel. Please contact me.

*Our relationship with you is a covenant. The only way for us to fulfill our commitment to you is for you to contribute to the success of our community.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Credit Card Authorization  
Form**

Temple Israel's preferred method of payment for dues, CNAF and other charges is by automatic charge to your VISA, MasterCard, or Amex. To take advantage of this preferred option, please complete the credit card information and card use sections below and return to:

Temple Israel  
Attn: Administrator  
2215 Mahan Drive  
Tallahassee, FL 32308

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**Credit Card Information**

Credit Card Number

\_\_\_\_\_

Expiration Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

V-Code (3 digit code on back of card)

\_\_\_\_\_

Cardholder Name

\_\_\_\_\_

Billing Address Zip Code

\_\_\_\_\_

**Card Use (Check all options that apply)**

- I authorize use of the above referenced credit card to pay my dues/CNAF pledge or other assessments as indicated on the pledge form.
- I authorize use of the above referenced credit card to pay all other charges (donations, fees, meal costs, rental fees, etc.) as they are applied to my account.
- I wish to be contacted before charges, other than dues/CNAF pledges or other assessments, are charged to my credit card.

**Cardholder Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

*Note: This form will stay on file in the Administrator's office and will be used for payments as indicated above until notice from the Cardholder.*