

# TEMPLE ISRAEL

Tallahassee's Jewish Community Center

RABBI  
W. Jack Romberg

RABBI EMERITUS  
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SECRETARY  
Janette Brill

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DIRECTOR  
Stefanie Posner

PROGRAM & MEMBERSHIP  
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Akol Mirowitz

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Dear Prospective Member,

We are very glad that you have expressed an interest in Temple Israel. Our congregation has over a 75 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,

Jack Romberg  
Rabbi

Akol Mirowitz  
Program and Membership Director

Buddy Herrell  
President

Martha Cunningham  
Membership Chairperson

*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: [tisrael-admin@comcast.net](mailto:tisrael-admin@comcast.net) 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:** \_\_\_\_\_

<u><b>Adult I</b></u>	<u><b>Adult II</b></u>
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)

<u><b>Adult I</b></u>	<u><b>Adult II</b></u>
Birth Month, Day, Year	Birth Month, Day, Year
Place of Birth	Place of Birth
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Engaged <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced  Marriage Anniversary (if applicable)_____	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Engaged <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced  Marriage Anniversary (if applicable)_____
Religious Affiliation <input type="checkbox"/> Jewish	Religious Affiliation <input type="checkbox"/> Jewish <input type="checkbox"/> Not Jewish
Religious Background you were raised  <input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Reconstructionist  <input type="checkbox"/> Jewish unaffiliated <input type="checkbox"/> Other _____	Religious Background you were raised  <input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Reconstructionist  <input type="checkbox"/> Jewish unaffiliated <input type="checkbox"/> Other _____
Jewish Religious Education (if applicable)  <input type="checkbox"/> Jewish Day School <input type="checkbox"/> Religious School <input type="checkbox"/> Bar/Bat Mitzvah <input type="checkbox"/> Confirmation <input type="checkbox"/> Post-Confirmation Education <input type="checkbox"/> Introduction to Judaism	Jewish Religious Education (if applicable)  <input type="checkbox"/> Jewish Day School <input type="checkbox"/> Religious School <input type="checkbox"/> Bar/Bat Mitzvah <input type="checkbox"/> Confirmation <input type="checkbox"/> Post-Confirmation Education <input type="checkbox"/> Introduction to Judaism
Do you currently (Please check any boxes that apply):  <input type="checkbox"/> Read Hebrew <input type="checkbox"/> Speak Hebrew <input type="checkbox"/> Chant Torah/Haftorah	Do you currently (Please check any boxes that apply):  <input type="checkbox"/> Read Hebrew <input type="checkbox"/> Speak Hebrew <input type="checkbox"/> Chant Torah/Haftorah
Secular Education	Secular Education
Hobbies or skills:   Do you play an instrument? If so, what instrument?	Hobbies or skills:   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 to June 31

Please indicate your membership category:

## General Membership

<input type="checkbox"/> <b>Senior Family Membership</b> (70 years old and over)	\$ 96.25 per month*
<input type="checkbox"/> <b>Senior Membership</b> (Single person, 70 years old)	\$ 80.93 per month*
<input type="checkbox"/> <b>Family Membership</b> (30 years old and over)	\$139.59 per month*
<input type="checkbox"/> <b>Single Head of Household Membership</b> (Single person, 30 years old and over)	\$111.25 per month*
<input type="checkbox"/> <b>Under 30 Membership</b> (Adults under 30 years old)	\$ 75.50 per month*
<input type="checkbox"/> <b>College Student Membership</b> (Student, not in any other category)	\$ 59.92 per month*
<input type="checkbox"/> <b>High School Student Membership</b> (Student, not in any other category)	\$ 8.34 per month

\*All membership dues categories (excluding High School Student membership) include a \$25 monthly assessment for major building repairs and expenses (CNAF-Capital Needs Assessment Fund).

Please charge me:     *Annually*                       *Semi-Annually*  
    *Quarterly*                       *Monthly*

## 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    \$1,800 annually	

## Associate Membership

Full dues paying member at another Synagogue within 200 miles    \$400 annually

Name of Synagogue \_\_\_\_\_

(over)

My total monetary pledge for the year is \_\_\_\_\_

To further fulfill my commitment to the Temple Israel Community, I also agree to volunteer my time in the following areas:

<u>Adult I</u>	<u>Adult II</u>
<input type="checkbox"/> Adult Education <input type="checkbox"/> Chaverim (20's &30's) <input type="checkbox"/> Fundraising <input type="checkbox"/> Israel Committee <input type="checkbox"/> Library <input type="checkbox"/> Shelter Dinners <input type="checkbox"/> Seniors <input type="checkbox"/> Sisterhood <input type="checkbox"/> Brotherhood <input type="checkbox"/> Website/IT <input type="checkbox"/> Youth Groups <input type="checkbox"/> Programming / Event Planning <input type="checkbox"/> Oneg/Kiddush Luncheon sponsor	<input type="checkbox"/> Caring Committee <input type="checkbox"/> Choir <input type="checkbox"/> Community Garden <input type="checkbox"/> Jewish Food Festival <input type="checkbox"/> Music <input type="checkbox"/> Religious School <input type="checkbox"/> Shabbaton <input type="checkbox"/> Social Action <input type="checkbox"/> Shabbat Greeter <input type="checkbox"/> Young Families <input type="checkbox"/> Pre School
<input type="checkbox"/> Adult Education <input type="checkbox"/> Chaverim (20's &30's) <input type="checkbox"/> Fundraising <input type="checkbox"/> Israel Committee <input type="checkbox"/> Library <input type="checkbox"/> Shelter Dinners <input type="checkbox"/> Seniors <input type="checkbox"/> Sisterhood <input type="checkbox"/> Brotherhood <input type="checkbox"/> Website/IT <input type="checkbox"/> Youth Groups <input type="checkbox"/> Programming / Event Planning <input type="checkbox"/> Oneg/Kiddush Luncheon sponsor	<input type="checkbox"/> Caring Committee <input type="checkbox"/> Choir <input type="checkbox"/> Community Garden <input type="checkbox"/> Jewish Food Festival <input type="checkbox"/> Music <input type="checkbox"/> Religious School <input type="checkbox"/> Shabbaton <input type="checkbox"/> Social Action <input type="checkbox"/> Shabbat Greeter <input type="checkbox"/> Young Families <input type="checkbox"/> Pre School
<p><b>Other Areas of Interest:</b></p>	<p><b>Other Areas of Interest:</b></p>

Is there anything you would like us to know about you and your family?

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*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

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**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, Discover, or Amex. To take advantage of this preferred option, please complete the credit card information section 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 \_\_\_\_\_

*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.***