

FOR OFFICE USE ONLY

Member # _____ Effective Date _____

TEMPLE ISRAEL
MEMBERSHIP APPLICATION

Family Name _____

Home Address _____
Street City State Zip

Home Phone _____ Fax _____

Single Married Partnered Separated Divorced Widowed

If applicable: Wedding anniversary (or commitment ceremony date) _____

Current or previous congregation affiliation _____

Adult #1

Adult #2

Title Dr. Mr. Ms. Mrs. Other _____ Dr. Mr. Ms. Mrs. Other _____

Gender Male Female Male Female

Name (First, Middle Initial, Last) _____

Maiden Name (If applicable) _____

Hebrew Name _____

Preferred Name (Nickname) _____

Birthdate _____

Email Address _____

Cell Phone _____

Profession _____

Position/Title _____

Employer _____

Business Street Address _____

Business (City, State, Zip) _____

Work Phone _____

**TEMPLE ISRAEL
MEMBERSHIP APPLICATION**

GENERAL INFORMATION

	Adult #1	Adult #2
Education	<input type="radio"/> High School <input type="radio"/> College <input type="radio"/> Post-Graduate	<input type="radio"/> High School <input type="radio"/> College <input type="radio"/> Post-Graduate
Universities attended	_____	_____
	_____	_____
Degrees earned	_____	_____
Religious background	<input type="radio"/> Jewish <input type="radio"/> Other <input type="radio"/> Consecrated <input type="radio"/> Confirmed <input type="radio"/> Bat/Bar Mitzvah <input type="radio"/> Graduated	<input type="radio"/> Jewish <input type="radio"/> Other <input type="radio"/> Consecrated <input type="radio"/> Confirmed <input type="radio"/> Bat/Bar Mitzvah <input type="radio"/> Graduated
At which temple/ synagogue/other?	_____	_____
	_____	_____
Organizations/ special interests	_____	_____
	_____	_____
List the organizations to which you belong	_____	_____
	_____	_____
Offices held or holding	_____	_____
Special interests	_____	_____
Are you associated as a member and/or worker with any Jewish communal or civic organization?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes, please specify	_____	_____
	_____	_____
Please specify if you have any talents/skills/creative abilities that would be helpful to temple	_____	_____
	_____	_____
May we call upon you to be a Hebrew Torah reader?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

TEMPLE RELATIONSHIPS

Relatives or close friends who are members of Temple Israel

Name

Relationship

**TEMPLE ISRAEL
MEMBERSHIP APPLICATION**

MEMBERS OF IMMEDIATE FAMILY

Children Living at Home

Name (First, Middle Initial, Last)	Gender (M / F)	Birthdate	Bar/Bat Mitzvah Date	School Name	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Children Away at School

Name (First, Middle Initial, Last)	Gender (M / F)	Birthdate	School Address	School Email
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Adult Children

Name (First, Middle Initial, Last)	Gender (M / F)	Spouse/Partner	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Adults Living in the Home

Name (First, Middle Initial, Last)	Gender (M / F)	Birthdate	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ADDITIONAL INFORMATION

Please list any special considerations of which you would like us to be aware, or any other comments you would like to note.

**TEMPLE ISRAEL
Yahrzeit Record**

Observer 1: _____ Observer 2: _____
 First Middle Last First Middle Last

Address: _____
 Street City State Zip

Phone: _____ Email: _____

You will be notified of the Yahrzeit of your loved one via a postcard. Names are NOT automatically read. You may either call Donna Bolda @ (248) 661-5700 in advance to have your loved one's name read at Shabbat services or give names to an usher upon your arrival. Names are read at services on the preceding Friday/Saturday of the anniversary of death.*

<u>Name of deceased</u>	<u>Relationship to you</u> (This person is my:)	<u>Observer</u> (Circle one)	<u>Date of death</u> (Include year)	<u>Time of death</u> (Circle one) PM = after sundown	<u>*Observe in</u> (Circle one)
_____	_____	1 2	___/___/___	AM PM	English or Hebrew
_____	_____	1 2	___/___/___	AM PM	English or Hebrew
_____	_____	1 2	___/___/___	AM PM	English or Hebrew
_____	_____	1 2	___/___/___	AM PM	English or Hebrew

FYI: To concur with the observance sent from the funeral home, please circle "Hebrew." Otherwise, you will be notified in accordance with the English date of death.

For more than four names, please use space below.



TEMPLE ISRAEL
FINANCIAL AGREEMENT

Member Name: _____ Date: _____

Please check one of the following dues options:

- Voluntary Dues** (For first-time members only). My dues are a voluntary donation of any amount for my membership ending June 30, 2021. No Building Fund or security fee payments are required during this time.

PLEASE NOTE: Voluntary Dues memberships do not qualify for any school scholarship assistance. If you are requesting scholarship, please join under Fair Share dues below.

My total dues contribution for this period is \$_____.

I am enclosing a payment of \$_____. I understand I will be billed if there is an unpaid balance.

- Fair Share Dues** (1% of your household income from all sources). My Fair Share dues contribution is \$_____.

I am submitting payment of \$_____ with this application. I understand I will be billed if there is an unpaid balance.

(Please see Building Fund information below)

- Full Dues Membership Contribution of \$2,850.** I would like to pay this fee in the following way:

___ Full amount is enclosed ___ Please bill me *(Please see Building Fund information below)*

Gift Memberships

Bereavement *(Name of deceased _____ Date of death _____)*

Wedding Auf Ruf Conversion *(Date _____ Clergy _____)*

BUILDING FUND - \$2,500 (For **Fair Share** and **Full Dues** only. This amount is in addition to dues and can be paid over a number of years.)

- Please bill me \$_____ per year for _____ years for a total of \$2,500.

-OR-

- I am under 40. Please bill me \$100 a year until I reach 40 at which time a new payment schedule will be decided upon.

SECURITY FEE - An annual \$250 security fee will be charged to Full Dues and Fair Share members.

Signed: _____ Signed: _____

Additional Notes: _____

FAIR SHARE is a Jewish story - that of a people who have survived through the centuries because they have cared for each other and have provided for the needs of the total community. With fair share, every member's annual membership contribution is based on the member's individual situation. The level may increase, decrease, or remain the same, from year to year, depending on changing circumstances. Recommended annual fair share contribution is 1% of your household income from all sources.


Making a difference.

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