



# Temple of Israel

A Reform Jewish Congregation

Rabbi Sam Rose

400 Spring Forest Road, Greenville, S.C. 29615

Phone: 864-292-1782 Fax: 864-292-1454

[www.templeofisrael.org](http://www.templeofisrael.org)

Dear Prospective Member:

As Financial Secretary, I would like to thank you for your interest in the Temple of Israel (Temple). We have several membership categories that are outlined in the membership application. These core financial contributions directly enable our mission to be recognized as the spiritual, educational, ritual, and social center for Reform Judaism in the Greenville area.

The Temple can only operate with the generous financial support of our member families. If you are unable to contribute at the listed dues levels, I am happy to schedule a confidential meeting to discuss these matters. We are also able to accommodate a variety of different payment plans. Similarly, we ask that you consider increasing your dues payments to a higher amount if you feel able to do so.

The Temple also requires a pledge to the building fund for new members. This is a one-time pledge equal to the dollar amount of the first year's dues, and the pledge can be spread over five years. These funds are used to retire debt incurred during the construction and renovation of our facilities, account for costs pertaining to maintaining our aging building, and making capital improvements for the health and safety of our members. Our building is more than 30 years old and is beginning to show its age, so building pledges in excess of this amount are gratefully accepted.

Considering the recent rise in antisemitism and related attacks in the United States, the Temple has recently increased its security, enlisting a uniformed police officer at all Temple events, including Shabbat services, religious school, and special events. A security fund has been established to help defray the costs associated with this increased security. A voluntary security donation is requested on an annual basis and can be paid throughout the year.

There are many other opportunities to donate such as honorariums and memorials to mark special occasions. The Temple also raises funds through other fundraisers and religious school tuition. Your financial support is an integral part of your participation the Temple and the greater Greenville Jewish Community. We encourage you to provide financial support that is both generous and fiscally responsible. Please feel free to contact me for a confidential discussion of financial matters.

Best regards,

Blake Nickles, Financial Secretary

(248) 227-44664

[blakenickles@gmail.com](mailto:blakenickles@gmail.com)

# New Member Application

## FAMILY INFORMATION

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

Date of application \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you Jewish? \_\_\_\_ Yes \_\_\_\_ No

Street Address \_\_\_\_\_

City-State-Zip \_\_\_\_\_

Email: \_\_\_\_\_

(Temple e-news will be sent to this email address unless you request otherwise)

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Previous synagogue/temple membership:

\_\_\_\_\_ City/State \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Anniversary \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you Jewish? \_\_\_\_ Yes \_\_\_\_ No

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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If a Temple member referred you to us, please list their name(s) below:

\_\_\_\_\_

## DEPENDENT INFORMATION

Child Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Child Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Child Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

**Yahrzeit Information**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Yahrzeit Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Yahrzeit Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Yahrzeit Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Yahrzeit Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Religious School Enrollment** (Separate Fees Apply)

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

## **SKILLS AND INTERESTS**

Please indicate which adult family member is interested in the following:

<b>Name</b>	<b>Name</b>	<b>Circle your interests</b>
		Music & Art – sing in Temple choir, play instrument
		Hebrew – read, write, teach
		Religious Studies – teach Religious School, attend Adult Education
		ShalomFest (our Jewish cultural event) visit <a href="http://www.shalomfest.org">www.shalomfest.org</a>
		Women's Activities – Women's Torah Study, Sisterhood
		Youth Activities –Advisor Youth Group, Coach Youth Basketball
		Men's Activities – Men's club, Men's basketball
		Social Action – GAIHN (provide meals, etc.)
		Computer experience, web administrator; software experience
		Ways & Means (Fundraising)
		Membership Committee
		Programming: social events, guest speaker, concerts, or religious events

Other Interests

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## **MEMBERSHIP DUES**

I wish to become a member of the Temple of Israel in the following category:

\_\_\_\_\_ Single Member Families (\$1000 Annually)

\_\_\_\_\_ Full Member Families (\$2000 Annually)

\_\_\_\_\_ Sustaining Member Families (\$4000 Annually)

\_\_\_\_\_ Associate Member Families (\$500 Annually)

\_\_\_\_\_ Families Under Age 30 (\$500 Annually)

\_\_\_\_\_ I would like to discuss **Dues Modification** - please contact me. The Financial Secretary will contact you promptly and schedule a CONFIDENTIAL meeting to discuss various forms of financial relief. The scheduling and proceedings of such meeting will be known only to the Financial Secretary and the Bookkeeper.

## **BUILDING FUND**

\_\_\_\_\_ Equivalent of first year's dues can be paid in installments over five (5) years

Dues can be paid monthly, quarterly, semiannually, or annually.

***Please submit an appropriate first payment with application – Thank you!***