|  |  | 50 S Moss Road, Winter Springs, FL 32708(407) 647-3055manager@tiflorida.org |
| --- | --- | --- |

**2024 MEMBERSHIP APPLICATION**

| Name to be used on Address Label: |
| --- |
| Home Address: |
| City, State, Zip: |
| Home Phone: Home Fax: Home Email: |

|  | Adult #1 | Adult #2 |
| --- | --- | --- |
| Salutation | 𝥷Mr. 𝥷 Mrs. 𝥷Miss 𝥷Ms. 𝥷Dr. 𝥷 | 𝥷Mr. 𝥷 Mrs. 𝥷Miss 𝥷Ms. 𝥷Dr. 𝥷 |
| First |  |  |
| Last Name |  |  |
| Informal Name |  |  |
| Cell Phone |  |  |
| E-mail |  |  |
|  |  |  |
| Date of Birth (mm, dd, yy) |  |  |
| Anniversary Date (mm, dd, yy) |  |  |
| Jewish |  |  |
| Hebrew Name -*Do not write this in Hebrew* |  |  |
| Other Contact |  |  |
| Company Name |  |  |
| Business Address |  |  |
| Business Phone Number |  |  |
| Business Fax No. |  |  |
| Business E-mail |  |  |
| Occupation |  |  |

How did you hear about Temple Israel?

𝥷 Friend 𝥷 Relative 𝥷 Internet (𝥷 Temple Website, 𝥷 YouTube, 𝥷 Facebook, 𝥷 Other) 𝥷 Heritage 𝥷 Orlando Sentinel 𝥷 Rabbi 𝥷 Other

|  | Child #1 Pronouns: \_\_\_\_\_\_\_\_\_\_ | Child #2 Pronouns: \_\_\_\_\_\_\_\_\_\_ |
| --- | --- | --- |
| First Name |  |  |
| Last Name |  |  |
| Informal Name |  |  |
| Address (if different) |  |  |
| City, State, Zip |  |  |
| Phone(if different) |  |  |
| Email |  |  |
| Date of Birth (mm, dd, yy) |  |  |
| Hebrew name if known *Do not write this in Hebrew* |  |  |
| Bar/Bat Mitzvah Date |  |  |
| School, Grade |  |  |
| Religious School, Yrs. Attended |  |  |

|  | Child #3 Pronouns: \_\_\_\_\_\_\_\_\_\_ | Child #4 Pronouns: \_\_\_\_\_\_\_\_\_\_ |
| --- | --- | --- |
| First Name |  |  |
| Last Name |  |  |
| Informal Name |  |  |
| Address (if different) |  |  |
| City, State, Zip |  |  |
| Phone(if different) |  |  |
| Email |  |  |
| Date of Birth (mm, dd, yy) |  |  |
| Hebrew name if known *Do not write this in Hebrew* |  |  |
| Bar/Bat Mitzvah Date |  |  |
| School, Grade |  |  |
| Religious School, Yrs. Attended |  |  |

**Yahrzeit: This information is used to send out Yahrzeit notices.** *If any of the information is not filled in, our system can not print your invoice.*

| **Name** | **Related To** | **Relationship** | **Date of Death** (mm/dd/yyyy) |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Miltary Experience**

 𝥷 yes 𝥷 no

| Branch: | Duty Station(s): | Date(s) |
| --- | --- | --- |

**Name (First & Last) *Please Print* \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your needs are important to us**. Please check as many as apply to you.

|  |  |  | **Religious Skills*****(Check box)*** |  |  |  |  | **Committees To Join*****(Check box)*** |  |  |  |  | **Children’s/Family Programming*****(Check box)*** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Chant Services** |  |  |  |  | **Adult Education** |  |  |  |  | **Bar/Bat Mitzvah Training** |
|  |  |  | **Chant Haftorah** |  |  |  |  | **Bikkur Cholim -(visit hospitals)** |  |  |  |  | **Nosh & Know** |
|  |  |  | **Chant Torah** |  |  |  |  | **Budget & Finance** |  |  |  |  | **Havdalah** |
|  |  |  |  |  | **Building and Grounds** |  |  |  |  | **College Student Programs** |
|  |  |  |  | **Education (Religious School)** |  |  |  |  | **Family Programs** |
|  |  |  |  | **Ma’asim Tovim (better the world)** |  |  |  |  | **Kadima** |
|  |  |  |  | **Marketing** |  |  |  |  | **Religious School** |
|  |  |  |  |  |  |  |  | **Membership** |  |  |  |  | **Tot Shabbat** |
|  |  |  |  |  |  |  |  | **Ritual** |  |  |  |  | **USY** |
|  |  |  |  |  |  |  |  | **Safety & Security** |  |  |  |  | **Other:**  |
|  |  |  |  |  |  |  |  | **Ways & Means** |  |  |  |  |  |
|  |  |  |  |  |  |  |  | **Youth** |  |  |  |  |  |
|  |  |  |  |  |  |  |  | **Other:** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | **Auxiliary Groups*****(Check box)*** |
|  |  |  |  |  |  |  |  |  |  |  |  |  | Cemetery |
|  |  |  |  |  |  |  |  |  |  |  |  |  | Choir |
|  |  |  |  |  |  |  |  |  |  |  |  |  | Friday Night Band |
|  |  |  |  |  |  |  |  |  |  |  |  |  | Men’s Club |
|  |  |  |  |  |  |  |  |  |  |  |  |  | Sisterhood |
|  |  |  |  |  |  |  |  |  |  |  |  |  | Other: |

What adult program would interest you?

What skills do you have (playing an instrument, computer, etc.?)

What do you want to get from your synagogue experience?

Is there anything else you want us to know about you?

Comments & Suggestions:

**TEMPLE ISRAEL COMMITMENT FORM *January to December 2024***

**First Name Last Name:**

**GENERAL MEMBERSHIP \*Date of Birth \_\_\_ / \_\_\_ / \_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **mm dd yyyy**

| **Under 34 Years\*\*** |  | **35 - 45 Years** |  | **46 - 75 Years** |  | **76 Plus Years** |
| --- | --- | --- | --- | --- | --- | --- |

| 𝥷 **Individual** One Jewish adult & immediate family**$15.00/ Month ($180/yr)** |  | 𝥷 **Individual** One Jewish adult & immediate family**$50.00/ Month ($600/yr)** |  | 𝥷 **Individual** One Jewish adult & immediate family**$83.33/ Month ($1,000/yr)** |  | 𝥷 **Individual** One Jewish adult & immediate family**$50.00/ Month ($600/yr)** |
| --- | --- | --- | --- | --- | --- | --- |

| 𝥷 **Couple**Two Jewish adult & immediate family**$30.00/ Month ($360/yr)** |  | 𝥷 **Couple**Two Jewish adult & immediate family**$83.33/ Month ($1,000/yr)** |  | 𝥷 **Couple**Two Jewish adult & immediate family**$150.00/ Month ($1,800/yr)** |  | 𝥷 **Couple**Two Jewish adult & immediate family**$83.33/ Month ($1,000/yr)** |
| --- | --- | --- | --- | --- | --- | --- |

**\*\*Building Maintenance Fund does not begin until the age of 36**

𝥷 Please send us a confidential special needs form.

| My/Our annual dues will be: $ |  |
| --- | --- |
| Security Fee for each individual & couple unit is **$180.00**  |  $180.00  |
| **Building Maintenance Fund for Individuals & Seniors is $300 per year for the first (5) years:****\***(A one-time commitment of $1,500 payable over five years shall be assessed on all new members) $  |  |
| **Building Maintenance Fund for Couples is $400 per year for the first (5) years:****\***(A one-time commitment of $2,000 payable over five years shall be assessed on all new members) $  |  |
| \*(deferred for the first year for new members) **My/Our total commitment for the year: $** |  |

***PAYMENT PLAN: (****check one that applies)*

𝥷 A - Payment in full enclosed: $\_\_\_\_\_\_\_ Cash, Check, American Express, Mastercard or Visa (fill in your credit card information below)

𝥷 B - Authorization for Temple Israel to charge my American Express, Mastercard or Visa the unpaid balance up to ½ my/our dues on April 1 and three equal payments of $\_\_\_\_\_\_\_ for the remaining ½ on June 1st, September 1st, and December 1st.

𝥷 C - ½ paid by April 1st and the balance paid in full by September 1.

𝥷 Other - Please indicate: 𝥷 D - Monthly 𝥷 E - Quarterly: I will make payments on January 1st, April 1st, July 1st, and October 1st.

 American Express, Mastercard or Visa #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| ***HIGH HOLIDAY TICKETS WILL ONLY BE AVAILABLE FOR MEMBERS WITH ACCOUNTS THAT ARE CURRENT AS OF SEPTEMBER 1.*** |
| --- |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 HEAD OF HOUSEHOLD

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE

DATE SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2024