



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

2025 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	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/>	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/>
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 <i>Do not write this in Hebrew</i>		
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 <i>Do not write this in Hebrew</i>		
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)

Military Experience

yes no

Branch:	Duty Station(s):	Date(s)
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Name (First & Last) *Please Print* _____

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

Male	Female	Child(ren)	Religious Skills (Check box)	Male	Female	Child(ren)	Committees To Join (Check box)	Male	Female	Child(ren)	Children's/Family Programming (Check box)
			Chant Services				Adult Education				Bar/Bat Mitzvah Training
			Chant Haftarah				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 2025

First Name _____ Last Name: _____

GENERAL MEMBERSHIP *Date of Birth ___ / ___ / _____ Name: _____
 Of oldest mm dd yyyy
 adult

Under 34 Years**	35 - 45 Years	46 - 75 Years	76 Plus Years
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<input type="checkbox"/> Individual One Jewish adult & immediate family \$15.00/ Month (\$180/yr)	<input type="checkbox"/> Individual One Jewish adult & immediate family \$70.83/ Month (\$850/yr)	<input type="checkbox"/> Individual One Jewish adult & immediate family \$108.33/ Month (\$1,300/yr)	<input type="checkbox"/> Individual One Jewish adult & immediate family \$70.83/ Month (\$850/yr)
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<input type="checkbox"/> Couple Two Jewish adult & immediate family \$30.00/ Month (\$360/yr)	<input type="checkbox"/> Couple Two Jewish adult & immediate family \$116.66/ Month (\$1,400/yr)	<input type="checkbox"/> Couple Two Jewish adult & immediate family \$180.00/ Month (\$2,160/yr)	<input type="checkbox"/> Couple Two Jewish adult & immediate family \$108.33/ Month (\$1,300/yr)
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**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 \$225.00	\$225.00
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: _____, 202__