

Temple Israel

A PROGRESSIVE CONSERVATIVE SYNAGOGUE BUILDING COMMUNITY SINCE 1954

50 S. Moss Road Winter Springs, FL 32708-3002 407-647-3055•Fax: 407-647-8542 Email: Templeisrael@Tiflorida.org www.Tiflorida.org

2021 Membership Application

| Name to be used on Address Label: | | | | | | | | |
|--|---|---|--|--|--|--|--|--|
| Home Address: | | | | | | | | |
| City, State, Zip: | | | | | | | | |
| Home Phone: | Home Fax: | Home E-Mail: | | | | | | |
| | | | | | | | | |
| | Adult #1 ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr. ☐ | Adult #2 □ Mr. □ Mrs. □ Miss □ Ms. □ Dr. □ | | | | | | |
| Salutation | 2 Mil. 2 Mis. 2 Mis. 2 Mis. 2 Di. 2 | CIVII. CIVIIS. CIVIIS CIVIS. CIDI. C | | | | | | |
| First Name | | | | | | | | |
| Last Name | | | | | | | | |
| Informal Name | | | | | | | | |
| Cell Phone | | | | | | | | |
| E-mail | | | | | | | | |
| Date of Birth (mm,dd,yy) | | | | | | | | |
| Anniversary Date (mm,dd,yy) | | | | | | | | |
| Jewish | ☐ Yes ☐ No | ☐ Yes ☐ No | | | | | | |
| Hebrew name if known <i>Do not write this in Hebrew</i> | | | | | | | | |
| Other Contact | | | | | | | | |
| Company Name | | | | | | | | |
| Business Address | | | | | | | | |
| Business Phone No. | | | | | | | | |
| Business Fax No. | | | | | | | | |
| Business E-mail | | | | | | | | |
| Occupation | | · | | | | | | |
| ow did you hear about Temple Israel? Friend | | | | | | | | |

2021 Membership Application (please print)

| Dependent Children (24 years old at | | | | • |
|--|------------------------|------------|--------------|--|
| | Child 1 femal | e 🛘 male | | Child 2 🗖 female 🗖 male |
| First Name | | | | |
| Last Name | | | | |
| Informal Name | | | | |
| Address (if different) | | 100 | | |
| 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 🗖 female | e 🗖 male | | Child 4 □ female □ male |
| First Name | | | | * North-Verlands Associat |
| Last Name | 400 | | | |
| Informal Name | | | | A contract of all |
| Address (if different) | | | | Child 2 female male Child 4 female male Child 4 female male |
| City, State, Zip | | | 1 | ······································ |
| Phone (if different) | ACCESSOR (1997) (1997) | | | ******* |
| 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 | | | | |
| Yahrzeits: This information is used If any of the information is not fille | | | notice. | |
| Name | | Related To | Relationship | Date of Death (mm/dd/yyyy) (must have month, day & year) |
| AANIN MAANIN | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Ailitary Experience I yes □ no | | | | |
| Branch: | Duty Station(s): | | | Dates: |

| Name (| First & Last- | please | orint` | |
|--------|---------------|--------|--------|--|
| | | | | |

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

| | | , , | AND CO. | 8 | | | itant to us. I lease eneek as many as a | | | | |
|------------|----------|------------|---------------------------------------|----------|----------|----------------|---|----------|-----------|------------|---|
| Male | Female | Child(ren) | Religious Skills | Male | Female | Child(ren) | Committees To Join | Male | Female | Child(ren) | Children's/Family Programming |
| | | | Chant Services | | | | Adult Education | | | | Bar/Bat Mitzvah Training |
| | | | Chant Haftorah | | | | Bikkur Cholim – visit hospitals | | | | Conversations with Rabbi Neely |
| | | | Chant Torah | | | | Budget & Finance | W | | | Havdalah |
| | | | | | | | Building & 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 | | | | NAME OF THE PARTY |
| | | | | | | | Youth | | | | |
| | | | | | | | Other: | | | | · · · · · · · · · · · · · · · · · · · |
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| | _ | - | Auxiliary Groups | | | \dashv | | | | - | |
| _ | | | Cemetery | | | 4 | | | | | |
| | | _ | Choir | | | | | | | | |
| | | _ | Friday night band | | | | | | | | |
| | | | Men's Club | | | | | | | | |
| | | | Sisterhood | | | | | 200 | | | |
| | | | Other: | | | | | | | | |
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| Vh | at a | dul | t programs would interest you? | | | | | | | | |
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| ¥ 7 ? | | 1 | James have following to the | 4 | | 10 | | | | | |
| √ h | ats | Kills | do you have (play instrument, compu | ter, | etc. | .)? | | | | | |
| | | | | | | | | | | | |
| ٧h | at d | lo yo | ou want to get from your synagogue ex | peri | enc | e? | | _ | | | |
| | | | | | | | | | | | |
| . 41 | | | uthing also you want us to know abou | two | ? | | | | | - | |
| s th | ere | an | ything else you want us to know abou | ı yo | u í | | | | | | |
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| on | ıme | ents | & Suggestions: | | | | | | | | |
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TEMPLE ISRAEL COMMITMENT FORM –January-December 2021

| | First Name | e | | | Last Name | | | |
|-------------|---|---------------------------------|---|-------------------------------------|---|--|---|--|
| GE | NERAL MEN | //BERSHIP | *Date of Birth:_ | *Age is dictate | Name: | | | |
| | Under 34 Y | ears** | 35 - 45 | _ | 46 - 75 | Years | 76 Plus | Years |
| | Individual One Jewish adult and immediate family. | \$15.00/ month (\$180/yr) | Individual One Jewish adult and immediate family. | \$50.00/ month (\$600/yr) | Individual One Jewish □ adult and immediate family. | \$83.33/ Month (\$1,000/yr) | Individual One Jewish □ adult and immediate family. | \$50/ month (\$600/y |
| ۵ | Couple Two Jewish adults and immediate family. | \$30/ month (\$360/yr) | Couple Two Jewish adults and immediate family. | \$83,33/ Month (\$1,000/yr) | Couple Two Jewish adults and immediate family. | \$150.00/ month (\$1800/yr) | Couple Two Jewish adults and immediate family. | \$83.33/ Month (\$1,000/yr) |
| ** F | | | does not begin until | the age of 36 | | . or i de title de agrecie | | |
| | Please send us | a confidential | special needs form. | | | | | |
| | | | | | Mv/Or | ır annual dues w | ill be: \$ | |
| | | | | Conwit | y Fee for each individu | | σí | 137.00 |
| | *(A c | Building Ma | intenance Fund for | Individuals & S | Seniors is \$300 per years shall be assessed | ar for first five (5) | years: | , , |
| | | | Building Maintena | ince Fund for C payable over 5 y | Couples is \$400 per yea years shall be assessed | ar for first five (5) I on all new memb | years: bers.) \$ | |
| ., | mar arms and a mild of the sign real of | | | | *(deferred for the first My/Our Total Com | year for new mem mitment for the | bers) year: | |
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| | MENT PLAN | | | American Exp | ress, Mastercard or Vi | sa (fill in vour cred | lit card information be | low) |
| | • | | | | , Mastercard or Visa t | | | |
| ⊒ D | | | | | une 1, September 1 as | | • | • |
| 7.0 | - | = : | lance paid in full by | | | | | |
| | - 72 paid by Ap her - Please indi | | | | e payments on January | 1. April 1. July 1. an | nd October 1. | |
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| | Нідн Ног | IDAY TICKETS | Will <u>Only</u> Be Ava | IIIABLE FOR M | TEMBERS WITH ACCO | OUNTS THAT ARE | CURRENT AS OF SEA | PTEMBER 1. |
| ŒAI | O OF HOUSEH | OLD SIGNAT | URE | | SPOUSE SIGNAT | URE | | ······································ |
| | e signed | | | | DATE SIGNED | | | |