



# 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	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 Name		
Last Name		
Informal Name		
Cell Phone		
E-mail		
Date of Birth (mm,dd,yy)		
Anniversary Date (mm,dd,yy)		
Jewish	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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		

How did you hear about Temple Israel?

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

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# 2021 Membership Application (please print)

Dependent Children (24 years old and younger)

	Child 1 <input type="checkbox"/> female <input type="checkbox"/> male	Child 2 <input type="checkbox"/> female <input type="checkbox"/> male
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 <input type="checkbox"/> female <input type="checkbox"/> male	Child 4 <input type="checkbox"/> female <input type="checkbox"/> male
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		

**Yahrzeits:** This information is used to send out yahrzeit notices.  
*If any of the information is not filled in the computer will not print out your notice.*

Name	Related To	Relationship	Date of Death (mm/dd/yyyy) <i>(must have month, day &amp; year)</i>

**Military Experience**

yes  no

Branch:	Duty Station(s):	Dates:



Please Print

## TEMPLE ISRAEL COMMITMENT FORM – January-December 2021

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

**GENERAL MEMBERSHIP**

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

\*Age is dictated by eldest spouse

Under 34 Years**	35 - 45 Years	46 - 75 Years	76 Plus Years
<input type="checkbox"/> Individual One Jewish adult and immediate family. \$15.00/month (\$180/yr)	<input type="checkbox"/> Individual One Jewish adult and immediate family. \$50.00/month (\$600/yr)	<input type="checkbox"/> Individual One Jewish adult and immediate family. \$83.33/Month (\$1,000/yr)	<input type="checkbox"/> Individual One Jewish adult and immediate family. \$50/month (\$600/yr)
<input type="checkbox"/> Couple Two Jewish adults and immediate family. \$30/month (\$360/yr)	<input type="checkbox"/> Couple Two Jewish adults and immediate family. \$83.33/Month (\$1,000/yr)	<input type="checkbox"/> Couple Two Jewish adults and immediate family. \$150.00/month (\$1800/yr)	<input type="checkbox"/> Couple Two Jewish adults and 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 \$137 \$ 137.00

Building Maintenance Fund for Individuals & Seniors is \$300 per year for first five (5) years:  
 \*(A one-time commitment of \$1,500.00 payable over 5 years shall be assessed on all new members.) \$ \_\_\_\_\_

Building Maintenance Fund for Couples is \$400 per year for first five (5) years:  
 \*(A one-time commitment of \$2,000.00 payable over 5 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 1, September 1 and December 1.
- C - ½ paid by April 1 and the balance paid in full by September 1.
- Other - Please indicate:  D – Monthly     E – Quarterly: I will make payments on January 1, April 1, July 1, and October 1.

American Express, Mastercard or Visa #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

\_\_\_\_\_  
HEAD OF HOUSEHOLD SIGNATURE

\_\_\_\_\_  
SPOUSE SIGNATURE

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
DATE SIGNED