



Temple Israel

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 Web Site: www.TiFlorida.org

2012 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		
Pager		
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		

How did you hear about Temple Israel?

- Friend
 Relative
 Internet
 Heritage
 Orlando Sentinel
 Rabbi
 Other

2012 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 & year)</i>

Military Experience

yes no

Branch:	Duty Station(s):	Dates:
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TEMPLE ISRAEL COMMITMENT FORM – YEAR 2012 (January – December)

Please Print

First Name	Last Name
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GENERAL MEMBERSHIP

* Date of Birth: ____/____/____ Name: _____
 *Age is dictated by eldest spouse

Under 30 Years**	30 - 34 Years	35 - 69 Years	70 Plus Years
<input type="checkbox"/> Single \$7.50/month (\$90/yr)	<input type="checkbox"/> Single \$47.92/month (\$575/yr)	<input type="checkbox"/> Single \$68.75/month (\$825/yr)	<input type="checkbox"/> Single \$45.83/month (\$550/yr)
<input type="checkbox"/> Full Family* 2 Jewish adults \$15.00/month (\$180/yr)	<input type="checkbox"/> Full Family* 2 Jewish adults \$70.83/month (\$850/yr)	<input type="checkbox"/> Full Family* 2 Jewish adults \$116.67/month (1400/yr)	<input type="checkbox"/> Full Family* 2 Jewish adults \$75.00/month (\$900/yr)
<input type="checkbox"/> Single Family 1 Jewish adult \$15.00/month (\$180/yr)	<input type="checkbox"/> Single Family 1 Jewish adult \$70.83/month (\$850/yr)	<input type="checkbox"/> Single Family 1 Jewish adult \$116.67/month (1400/yr)	<input type="checkbox"/> Single Family 1 Jewish adult \$75.00/month (\$900/yr)

**** Building Maintenance Fund does not begin until the age of 30**

I/We cannot afford to pay the minimum dues. Please send a confidential special needs form.

My/Our annual dues will be: \$

Building Maintenance Fund for Singles & 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 All Others 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.) \$

My/Our Total Commitment for the year: \$

PAYMENT PLAN: (check one that applies)

- A - Payment in full enclosed: \$_____ Cash, Check, AmEx, MasterCard or Visa *(fill in your credit card information below)*
- B - Authorization for Temple Israel to charge my AmEx, Master Card or Visa the unpaid balance up to 1/2 my/our dues on April 1 and three equal payments of \$_____ for the remaining 1/2 on June 1, September 1 and December 1.
- C - 1/2 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.

AmEx, 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