



Temple Israel

50 S. Moss Road • Winter Springs, FL 32708-3002
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 Web Site: www.TiFlorida.org

2010 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

TEMPLE ISRAEL COMMITMENT FORM – YEAR 2010 (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 \$90	<input type="checkbox"/> Single \$575	<input type="checkbox"/> Single \$ 825	<input type="checkbox"/> Single \$550
<input type="checkbox"/> Full Family* \$180 2 Jewish adults	<input type="checkbox"/> Full Family* \$850 2 Jewish adults	<input type="checkbox"/> Full Family* \$1400 2 Jewish adults	<input type="checkbox"/> Full Family* \$900 2 Jewish adults
<input type="checkbox"/> Single Family \$180 1 Jewish adult	<input type="checkbox"/> Single Family \$850 1 Jewish adult	<input type="checkbox"/> Single Family \$1400 1 Jewish adult	<input type="checkbox"/> Single Family \$900 1 Jewish adult

**** 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