



Temple Israel

A PROGRESSIVE CONSERVATIVE SYNAGOGUE
BUILDING COMMUNITY SINCE 1954

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2020 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

2020 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:

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	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				Havdalah
							Building & Grounds				College Student Programs
							Cemetery				Family Programs
							Education – Religious School				Kadima
							Ma'asim Tovim – better the world				Religious School
							Marketing				Tot Shabbat
							Membership				USY
							Ritual				Other:
							Ways & Means				
							Youth				
			Auxiliary Groups				Other				
			Sisterhood								
			Men's Club								
			Choir								
			Friday night band								
			Other:								

What adult programs would interest you? _____

What skills do you have (play 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: _____

Please Print

TEMPLE ISRAEL COMMITMENT FORM – January-December 2020

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
<p>Individual</p> <p><input type="checkbox"/> One Jewish adult and immediate family. \$15.00/month (\$180/yr)</p>	<p>Individual</p> <p><input type="checkbox"/> One Jewish adult and immediate family. \$50.00/month (\$600/yr)</p>	<p>Individual</p> <p><input type="checkbox"/> One Jewish adult and immediate family. \$83.33/Month (\$1,000/yr)</p>	<p>Individual</p> <p><input type="checkbox"/> One Jewish adult and immediate family. \$50/month (\$600/yr)</p>
<p>Couple</p> <p><input type="checkbox"/> Two Jewish adults and immediate family. \$30/month (\$360/yr)</p>	<p>Couple</p> <p><input type="checkbox"/> Two Jewish adults and immediate family. \$83.33/Month (\$1,000/yr)</p>	<p>Couple</p> <p><input type="checkbox"/> Two Jewish adults and immediate family. \$150.00/month (\$1800/yr)</p>	<p>Couple</p> <p><input type="checkbox"/> Two Jewish adults and immediate family. \$83.33/Month (\$1,000/yr)</p>

** 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 _____