

Name: _____ Date: _____



2019-2020
Membership Application

8600 Jog Road, Boynton Beach, Florida 33472 Phone: 561-369-1112 Fax: 561-369-0930 www.templetoratemet.org

FAMILY INFORMATION

Adult One: (Please Print)

Name: Mr./Mrs./Ms./Dr./Rabbi/Cantor _____

Home Address: _____ City: _____ Zip: _____

2nd Address (if Applicable) _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Community: _____

Date of Birth: _____ Marital Status: _____ Anniversary: _____

Are you Jewish by Birth? _____ Are you Jewish by Choice? _____

Hebrew Name: _____ Ben /Bat _____ and _____

Are you interested in getting more involved? ____ (See Page 3)

Adult Two: (Please Print)

Name: Mr./Mrs./Ms./Dr. _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Community: _____ Date of Birth: _____

Are you Jewish by Birth? _____ Are you Jewish by Choice? _____

Hebrew Name: _____ Ben Name _____ Bat Name _____

Are you interested in getting more involved? ____ (See Page 3)

Number of Children under 18 years - Living at Home: _____

Child One Name: _____ Age: _____ Hebrew Name _____

Child Two Name: _____ Age: _____ Hebrew Name _____

Child Three Name: _____ Age: _____ Hebrew Name _____

Child Four Name: _____ Age: _____ Hebrew Name _____

I (we) hereby apply for admission as a member of Temple Torat Emet and agree to abide by its rules and Constitution.

Signed: (Adult One) _____ Date: _____

Signed: (Adult Two) _____ Date: _____

Name: _____ Date: _____

Previous Synagogue Name: _____ Location: _____

Previous Synagogue Leadership Positions: _____

Yahrzeit Information:

*English Name: _____ Hebrew Name: _____

Relationship to which member: _____ Parent, child, other relationship? _____

Date of Death (Secular): _____ Before Sundown: _____ After Sundown: _____

*English Name: _____ Hebrew Name: _____

Relationship to which member: _____ Parent, child, other relationship? _____

Date of Death (Secular): _____ Before Sundown: _____ After Sundown: _____

*English Name: _____ Hebrew Name: _____

Relationship to which member: _____ Parent, child, other relationship? _____

Date of Death (Secular): _____ Before Sundown: _____ After Sundown: _____

*English Name: _____ Hebrew Name: _____

Relationship to which member: _____ Parent, child, other relationship? _____

Date of Death (Secular): _____ Before Sundown: _____ After Sundown: _____

*English Name: _____ Hebrew Name: _____

Relationship to which member: _____ Parent, child, other relationship? _____

Date of Death (Secular): _____ Before Sundown: _____ After Sundown: _____

(Do you have more information on above? Please attach additional page.)

Emergency Contacts

In case of Emergency, please contact:

Name: _____ Relationship: _____ Phone # _____

Name: _____ Relationship: _____ Phone # _____

Name: _____ Date: _____

SKILLS and INTERESTS:

We value your time and talents and encourage you to take an active part in Temple life as a volunteer. Please check one or more areas that interest you.

Adult			Adult		
One	Two		One	Two	
<input type="checkbox"/>	<input type="checkbox"/>	Sisterhood	<input type="checkbox"/>	<input type="checkbox"/>	Ritual Committee
<input type="checkbox"/>	<input type="checkbox"/>	Men's Club	<input type="checkbox"/>	<input type="checkbox"/>	Facilities Committee
<input type="checkbox"/>	<input type="checkbox"/>	Choir	<input type="checkbox"/>	<input type="checkbox"/>	Fundraising Committee
<input type="checkbox"/>	<input type="checkbox"/>	Adult Ed Programs	<input type="checkbox"/>	<input type="checkbox"/>	Social Action
<input type="checkbox"/>	<input type="checkbox"/>	Adult B'nai Mitzvah	<input type="checkbox"/>	<input type="checkbox"/>	Office Volunteer
<input type="checkbox"/>	<input type="checkbox"/>	Holocaust Affairs	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen Volunteer
<input type="checkbox"/>	<input type="checkbox"/>	Youth Programming	<input type="checkbox"/>	<input type="checkbox"/>	Judaica Shop Volunteer
<input type="checkbox"/>	<input type="checkbox"/>	Religious School	<input type="checkbox"/>	<input type="checkbox"/>	Ushering Volunteer
<input type="checkbox"/>	<input type="checkbox"/>	Tikkun Olam – Tov Team	<input type="checkbox"/>	<input type="checkbox"/>	Youth Programming
<input type="checkbox"/>	<input type="checkbox"/>	Membership Committee	<input type="checkbox"/>	<input type="checkbox"/>	Other Interest
<input type="checkbox"/>	<input type="checkbox"/>	Torah Reading	<input type="checkbox"/>	<input type="checkbox"/>	Legal
<input type="checkbox"/>	<input type="checkbox"/>	Speak Hebrew	<input type="checkbox"/>	<input type="checkbox"/>	Marketing
<input type="checkbox"/>	<input type="checkbox"/>	Read Hebrew	<input type="checkbox"/>	<input type="checkbox"/>	Musical Instrument
<input type="checkbox"/>	<input type="checkbox"/>	Chant Haftarah	<input type="checkbox"/>	<input type="checkbox"/>	Office Work/Administrative
<input type="checkbox"/>	<input type="checkbox"/>	Lead Services	<input type="checkbox"/>	<input type="checkbox"/>	Photography
<input type="checkbox"/>	<input type="checkbox"/>	Kohain	<input type="checkbox"/>	<input type="checkbox"/>	Youth Leadership
<input type="checkbox"/>	<input type="checkbox"/>	Levi	<input type="checkbox"/>	<input type="checkbox"/>	Telephone Calls
<input type="checkbox"/>	<input type="checkbox"/>	Bookkeeping/Finance	<input type="checkbox"/>	<input type="checkbox"/>	Writing/Editing
<input type="checkbox"/>	<input type="checkbox"/>	Computer Skills	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	<input type="checkbox"/>	Carpentry/Electrical/Handyman	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	<input type="checkbox"/>	Graphic design/Artist			

MARKETING WAIVER

By signing below I give permission for myself (and my family) to be photographed and video recorded. Permission is granted for use of photos and likeness for promotional and/or archival purposes at Temple Torat Emet's discretion and without compensation.

Signed: (Adult One) _____ Date: _____

Signed: (Adult Two) _____ Date: _____

OTHER:

How did you hear about Temple Torat Emet? _____

What are you looking to gain by joining? _____

Name: _____ Date: _____

Office use only
Temple Torat Emet
Membership Levels and Fee Form

After discussion with designated Congregation Membership/Administrative Officer, the following Membership levels and financial arrangements are applicable:

Membership Level/Type: _____

Fee Structure: Dues per annum: \$ _____
 Other items \$ _____
 Security \$ _____
 Total: \$ _____

Payment Terms: Deposit: \$ _____
 Monthly: \$ _____
 Quarterly: \$ _____
 Full Payment: \$ _____

Cash: ___ Check: ___ Credit Card #: _____ Exp: _____ CVV: _____

Other Notes: _____

I (we) agree to fulfill all financial obligations that I (we) incur with Temple Torat Emet, its schools and/or auxiliaries.

It is understood that dues and fees are payable in full upon invoicing and are non-refundable. It is understood that Payment Plans for those with special financial needs may be arranged with the Financial Consideration Committee.

Signed: _____ Date: _____

Signed: _____ Date: _____

Deposit Received: \$ _____

Cash: ___ Check: ___ Credit Card #: _____ Exp: _____ CVV: _____

• **A 3% convenience fee applied to credit card payments** _____ Initial

Administrative Officer: _____ Date _____