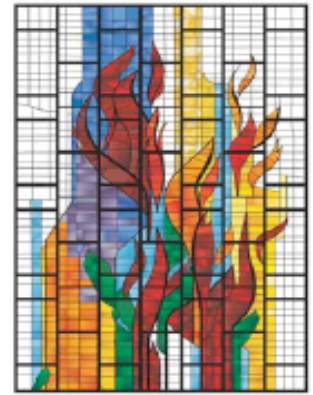


Temple Israel of the City of New York Membership Information Form



Shalom! Welcome to Temple Israel. In the midst of New York City, we are an intimate, caring congregation affiliated with the Reform Movement. We warmly receive all families - singles, single parents, mixed marrieds, Jews-by-Choice, young and not so young. We are truly committed to the inclusivity of all who wish to make Temple Israel their spiritual home. Please complete this application by printing clearly so that we may best serve you. All information is held in confidence.

We look forward to hearing from you.

Family Information

First Adult Member: Mr. Ms. Mrs. Dr. Other _____
First Name _____ (MI) ____ Last Name _____ Informal Name _____
Birth date (mm/dd/yr) ____/____/_____
Business/Profession _____ Title _____
Employer _____ Business Phone # _____
Business Address _____
City _____ State _____ Zip _____ E-mail Address _____
Religious Upbringing _____

Second Adult Member: Mr. Ms. Mrs. Dr. Other _____
First Name _____ (MI) ____ Last Name _____ Informal Name _____
Birth date (mm/dd/yr) ____/____/_____
Business/Profession _____ Title _____
Employer _____ Business Phone # _____
Business Address _____
City _____ State _____ Zip _____ E-mail Address _____
Religious Upbringing _____

Home Address _____ Apt. _____ City _____ State _____ Zip _____
Home Phone #1 _____ Home Phone #2 _____ Fax # _____
Preferred e-mail address _____

Do you prefer to receive mail/statement at: Home Business
Seasonal Street Address (if applicable) _____
City _____ State _____ Zip _____ Phone # _____
 Send mail to this address from (mm/dd): ____/____ to ____/____

Marital Status: Single Married Partner Widowed Divorced Separated Engaged
Anniversary Date (mm/dd/yr) ____/____/_____
Other Synagogue Affiliation _____

OVER

Children / Grandchildren

First Name _____ (MI) ____ Last Name _____ Informal Name _____
Gender: Male Female Birth date (mm/dd/yr) ____/____/____
Current School / Job _____ Attend(ed) ECLC: Yes No
Marital Status _____ Partner's Name (if applicable) _____

First Name _____ (MI) ____ Last Name _____ Informal Name _____
Gender: Male Female Birth date (mm/dd/yr) ____/____/____
Current School / Job _____ Attend(ed) ECLC: Yes No
Marital Status _____ Partner's Name (if applicable) _____

First Name _____ (MI) ____ Last Name _____ Informal Name _____
Gender: Male Female Birth date (mm/dd/yr) ____/____/____
Current School / Job _____ Attend(ed) ECLC: Yes No
Marital Status _____ Partner's Name (if applicable) _____

Please include additional information on a separate sheet of paper.

Youth Programs: Temple Israel sponsors Services and programs of interest for families and children of all ages. (Pre-school to High School) If applicable, would you like to be notified of these programs on behalf of your grandchildren. Yes No
Grandchildren name(s)

_____ Address _____

_____ Address _____

_____ Address _____

Yahrzeit Observance

Yahrzeit may be observed on either the Hebrew or English date. Please indicate your preference. If you want to observe the Hebrew date, but do not recall it, please provide the English date of death and we will determine the Hebrew date for you. It is appropriate for the synagogue to commemorate your loved ones, regardless of their faith.

Full Name of Deceased _____
Related to (Member Name) _____ Relationship _____
Prefer to observe (mm/dd/yr): English Date of Death ____/____/____ Hebrew Date of Death (____/____/____)
Time of Death _____:_____ AM PM

Full Name of Deceased _____
Related to (Member Name) _____ Relationship _____
Prefer to observe (mm/dd/yr): English Date of Death ____/____/____ Hebrew Date of Death (____/____/____)
Time of Death _____:_____ AM PM

Full Name of Deceased _____
Related to (Member Name) _____ Relationship _____
Prefer to observe (mm/dd/yr): English Date of Death ____/____/____ Hebrew Date of Death (____/____/____)
Time of Death _____:_____ AM PM

Full Name of Deceased _____
Related to (Member Name) _____ Relationship _____
Prefer to observe (mm/dd/yr): English Date of Death ____/____/____ Hebrew Date of Death (____/____/____)
Time of Death _____:_____ AM PM

Please include additional information on a separate sheet of paper.

Temple Israel of the City of New York

Membership Categories and Dues - 2009-2010

Membership Categories	Family	Single	Junior Couple	Junior Single	Associate Member	Benefactor	Builders	Pillar	Leaders
Worship Services Sanctuary Reserved Seating Main Floor									
Rows A – E	<input type="checkbox"/> \$5,400	<input type="checkbox"/> \$2,935	<input type="checkbox"/> \$2,670	<input type="checkbox"/> \$1,340		<input type="checkbox"/> \$10,000 (2 seats any row)	<input type="checkbox"/> \$18,000 (2 seats any row)	<input type="checkbox"/> \$25,000 (4 seats any row)	<input type="checkbox"/> \$36,000 (4 seats any row)
Rows F – K	<input type="checkbox"/> \$4,500	<input type="checkbox"/> \$2,525	<input type="checkbox"/> \$2,420	<input type="checkbox"/> \$1,240					
Rows L – R	<input type="checkbox"/> \$3,785	<input type="checkbox"/> \$2,165	<input type="checkbox"/> \$2,060	<input type="checkbox"/> \$1,050					
Worship Services -Sanctuary Unreserved Seating Balcony	<input type="checkbox"/> \$2,275	<input type="checkbox"/> \$1,390	<input type="checkbox"/> \$775	<input type="checkbox"/> \$415	<input type="checkbox"/> \$1135				
Worship Services - Ballroom Unreserved Seating Ballroom	<input type="checkbox"/> \$2,275	<input type="checkbox"/> \$1,390	<input type="checkbox"/> \$775	<input type="checkbox"/> \$415	<input type="checkbox"/> \$1135				

Please indicate the category in which you are interested.

- **Family Membership:** entitles you to two seats for the High Holy Day Services in the Main Sanctuary or seats for you and your immediate family (children through college age) in the Ballroom.
- **Single or Junior Single Memberships:** are entitled to one seat for High Holy Day Services.
- **Junior Memberships:** are for those up to age 32 (with or without children up to the age of 2.)
- **Associate Memberships:** are for those who live over 150 miles from Temple Israel.
- **Benefactor:** entitles you to up to 2 reserved seats of your choice
- **Builders:** entitles you to up to 2 reserved seats of your choice
- **Pillar:** entitles you to up to 4 reserved seats of your choice
- **Leaders:** entitles you to up to 4 reserved seats of your choice

Building Maintenance Fund

- Membership dues cover only a fraction of our annual operating costs. Therefore, to help support Temple Israel's ongoing operating costs and to recognize that those who came before built our synagogue literally, all new members, except Junior or Associate Memberships, contribute a one-time fee of \$2,000 to the Temple Israel Building Maintenance Fund.
 - While we prefer that this fee be paid upon submission of your application, we ask that you complete this obligation within two years of joining Temple Israel.
 - Junior Members are responsible for the building fee after the age of 32.

2009– 2010 Membership

I/We enclosed our first year's installment for the Building Maintenance Fund.

___ \$2,000 (one-time payment)

___ \$1,000 (Bill/Charge my/our credit card this amount now, and again in July 2010)

___ \$500 (Bill/Charge my/our credit card this amount every 6 months for 2 years)

___ \$250 (Bill/Charge my/our credit card this amount quarterly for 2 years)

\$ _____	2009 – 2010 Annual Dues
+ \$ _____	Building Maintenance Fund
\$ _____	2009– 2010 Total Payment

Payment

Check: Please make your check payable to Temple Israel of the City of New York.

Credit Card

VISA MasterCard American Express

Name on Card _____ Card # _____

Expiration date _____ Security code for Amex only _____

Credit Card Billing Address _____ Apt. _____

City _____ State _____ Zip _____

Signature: _____

Signature(s)

First Adult Member _____ Date _____

Second Adult Member _____ Date _____

Please send your completed membership application to:

Membership Coordinator
 Temple Israel of the City of New York
 112 East 75th Street
 New York, NY 10021

If you have any questions, please call: 646-292-9490. Thank you and welcome to Temple Israel.

