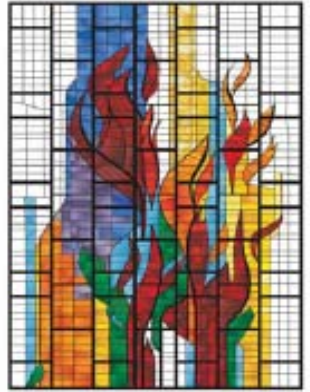


**Temple Israel of the City of New York
Membership Information Form**



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

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

First Name(MI) Last Name Informal Name
Birth date (mm/dd/yr) / / Gender: Male Female
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)

Name Address

Name 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 - 2010-2011

Membership Categories	Family	Single	Junior Couple	Junior Single	Associate Member	Benefactor	Builders	Pillar	Leaders
Sanctuary Reserved Seating Main Floor									
Rows A – E	<input type="checkbox"/> \$5,700	<input type="checkbox"/> \$3,100	<input type="checkbox"/> \$2,800	<input type="checkbox"/> \$1,450		<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"/> \$4,700	<input type="checkbox"/> \$2,700	<input type="checkbox"/> \$2,600	<input type="checkbox"/> \$1,320					
Rows L – R	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$2,300	<input type="checkbox"/> \$2,200	<input type="checkbox"/> \$1,100					
Sanctuary Unreserved Seating Balcony	<input type="checkbox"/> \$2,400	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$850	<input type="checkbox"/> \$450	<input type="checkbox"/> \$1,200				
Ballroom Unreserved Seating	<input type="checkbox"/> \$2,400	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$850	<input type="checkbox"/> \$450	<input type="checkbox"/> \$1,200				

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.

OVER

2010– 2011 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 2011)
- ___ \$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)

<p>\$ _____ 2010-2011 Annual Dues</p> <p>+ \$ _____ Building Maintenance Fund</p> <p>\$ _____ 2010-2011 Total Payment</p>
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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 (if different from home address)

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
www.templeisraelnyc.org

If you have any questions, please call: 646-292-9490 or email admin@templeisraelnyc.org
 Thank you and welcome to Temple Israel.