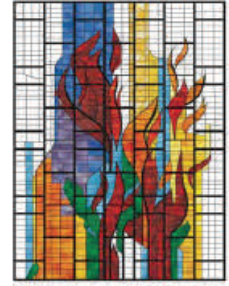


# Temple Israel of the City of New York Membership Information Form

This form is also available on our website:  
[www.templeisraelnyc.org/Membership Form.pdf](http://www.templeisraelnyc.org/Membership%20Form.pdf)



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 #.....

Cell Phone (First Adult)..... Cell Phone (Second Adult).....

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 .....

**Get Involved!** - There are a number of wonderful ways you can participate in Temple Life. Please let us know your special interests.

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**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.....

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**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

Please include additional information on a separate sheet of paper.

Temple Israel of the City of New York

Membership Categories and Dues - 2011-2012

| Membership Categories                        | Family    | Single    | Junior Couple | Junior Single | Associate Member                    | Benefactor                     | Builders                       | Pillar                         | Leaders                        |
|--|-----------|-----------|---------------|---------------|-------------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <b>Sanctuary Reserved Seating Main Floor</b> |           |           |               |               |                                     |                                |                                |                                |                                |
| Rows A – E                                   | ☐ \$5,985 | ☐ \$3,255 | ☐ \$2,940     | ☐ \$1,525     |                                     | ☐\$10,000<br>(2 seats any row) | ☐\$18,000<br>(2 seats any row) | ☐\$25,000<br>(4 seats any row) | ☐\$36,000<br>(4 seats any row) |
| Rows F – K                                   | ☐ \$4,935 | ☐ \$2,835 | ☐ \$2,730     | ☐ \$1,390     |                                     |                                |                                |                                |                                |
| Rows L – R                                   | ☐ \$4,200 | ☐ \$2,415 | ☐ \$2,310     | ☐ \$1,155     |                                     |                                |                                |                                |                                |
| <b>Sanctuary Unreserved Seating Balcony</b>  | ☐ \$2,520 | ☐ \$1,575 | ☐ \$895       | ☐ \$475       | ☐\$1,260<br><br>☐\$ 650<br>(single) |                                |                                |                                |                                |
| <b>Ballroom Unreserved Seating</b>           | ☐ \$2,520 | ☐ \$1,575 | ☐ \$895       | ☐ \$475       | ☐\$1,260<br><br>☐\$ 650<br>(single) |                                |                                |                                |                                |

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.

## **2011– 2012 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 2012)  
\_\_\_ \$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)

|            |                                  |
|------------|----------------------------------|
| \$ _____   | <b>2011-2012 Annual Dues</b>     |
| + \$ _____ | <b>Building Maintenance Fund</b> |
| \$ _____   | <b>2011-2012 Total Payment</b>   |

### **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)**

By signing this form you are permitting Temple Israel of the City of New York (TINYC) to use on any application photographs, videos, and testimonials of you in TINYC's promotional, marketing, program materials and media.

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  
Fax: 212-937-3899

If you have any questions, please call: 646-292-9490 or email [membership@templeisraelnyc.org](mailto:membership@templeisraelnyc.org)  
Thank you and welcome to Temple Israel.