

TEMPLE



The Center  
of Our Jewish  
Community

8200 Peters Road, Plantation, FL 33324  
954-472-1988 • 954-472-4439 • info@tkae.org  
• www.tkae.org

MEMBER A INFORMATION		
First and Last Name		
Check One <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		Nickname
Birth Date / /		Anniversary Date / /
Home Address		
City	State	Zip Code
Home Phone	Mobile Phone	Work Phone
Occupation		Business Name
Business Address		
City, State & Zip		E-Mail

MEMBER B INFORMATION		
First and Last Name		
Check One <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		Nickname
Birth Date / /		Anniversary Date / /
Home Address		
City	State	Zip Code
Home Phone	Mobile Phone	Work Phone
Occupation		Business Name
Business Address		
City, State & Zip		E-Mail

Previous Temple Affiliation	
Temple Name, City & State	
Dates of Membership	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Reconstructionist

**CHILDREN 21 & UNDER****CHILD 1**

Name

Gender M / F

Cell Phone

Birthdate

/ /

Name of School/College

Grade

Religious School Grade

Email if Applicable

**CHILD 2**

Name

Gender M / F

Cell Phone

Birthdate

/ /

Name of School/College

Grade

Religious School Grade

Email if Applicable

**CHILD 3**

Name

Gender M / F

Cell Phone

Birthdate

/ /

Name of School/College

Grade

Religious School Grade

Email if Applicable

**CHILD 4**

Name

Gender M / F

Cell Phone

Birthdate

/ /

Name of School/College

Grade

Religious School Grade

Email if Applicable

**OTHER PERSONS IN HOUSEHOLD**

Name

Relationship

**HOW DID YOU FIND US?**

Referred by

Are you or your spouse related to any TKAE members?  Yes  No

If Yes, Name of Member

Reason for Joining

**DO YOU HAVE LOVED ONES YOU WOULD LIKE PLACED ON OUR KADDISH LIST?**

Name of Deceased	Name of Deceased
Member Name	Member Name
Relationship	Relationship
Date of Death / /	Date of Death / /

Name of Deceased	Name of Deceased
Member Name	Member Name
Relationship	Relationship
Date of Death / /	Date of Death / /

*Please attach extra pages if necessary. Unless otherwise requested, English dates will be observed.*

**FINANCIAL RESPONSIBILITIES**

- I/We agree and understand that the fiscal year for membership begins June 1 and that Temple Kol Ami Emanu-El relies on our dues and additional fees for support.
- I/We agree to pay all charges to our account when due.
- I/We understand that 50% of our account must be paid to receive our High Holy Day Tickets.
- I/We understand that all financial obligations are payable according to synagogue policy. In the event of resignation, I/we will be responsible for all obligations accrued prior to resignation.

**Temple Kol Ami Emanu-El gladly accepts payments through check, or credit card (Visa or MasterCard) with the additional option of setting up recurring billing.**

Please select your payment plan (all billings will begin June 1) Check One <input type="checkbox"/> Annual <input type="checkbox"/> 3 Payments <input type="checkbox"/> 7 Payments (paid in full by March)	Please select your building fund fee payment option <input type="checkbox"/> One time, upfront payment <input type="checkbox"/> Equal annual installments over 5 years
Signature Member 1 <b>X</b>	Date
Signature Member 2 <b>X</b>	Date

**PLEASE CHARGE MY CREDIT CARD FOR THE MEMBERSHIP PAYMENT PLAN SELECTED ABOVE**

Credit Card #	Exp Date/Security Code
Signature <b>X</b>	

## INTERESTS AND INVOLVEMENT

**Please check the boxes about which you would like more information.**

- Adult Education and Programs**
- Youth Engagement Programs**
- Early Childhood Center (infant care, preschool, summer camp)**
- Religious School**
- B'nai Mitzvah**
- Family Events**
- 20s and 30s, Singles and Couples**
- Senior Circle (events and programs)**
- Sisterhood**
- Brotherhood**
- Israel (events and programs)**
- Tikkun Olam/Community Service**
- Volunteer Opportunities**

**We welcome any comments regarding special interests, or needs you may have:**

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## ENHANCED DUES

### Helping Our Fellow Members

Every year we ask those who are able to help those who are less able. That's a core meaning of Tzedakah. That's a central Mitzvah of Judaism. This year it is especially important that those who are capable contribute a bit more than usual. By "enhancing your dues," you are voluntarily making a contribution which will enable the Temple to welcome into membership (and most importantly, to scholarship their children) any Jewish member of our community who wants to affiliate and be part of our larger family. In today's economic climate, many Jewish families need our help...they need your help. We can't do it unless those of our members who have the resources step forward and participate, by enhancing your dues. Please, if you are able, fill in the form to the right. It's a simple "check-mark" and this Tzedakah can certainly be paid out through the entire year. Your generous gift of Tzedakah will be recognized in the Temple bulletin and on a special plaque in our front lobby. Most importantly, however, it will be fulfilling an important and gratifying Mitzvah.

B'Shalom  
Rabbi Howard Needleman

*Yes, Rabbi Needleman – I am able and willing to do my part to the very best of my ability.  
Please count on me at the following level, for this fiscal year.*

- \_\_\_\_\_ **The Rabbi's Circle**     **\$10,000**
- \_\_\_\_\_ **Covenant Club**     **\$5,000**
- \_\_\_\_\_ **Tzedakah Circle**     **\$3,600**
- \_\_\_\_\_ **Golden Chai**     **\$1,800**
- \_\_\_\_\_ **Benefactor**     **\$1,000**
- \_\_\_\_\_ **Guardian**     **\$360**

צדקה

tzedakah

## FOR OFFICE USE ONLY

<b>Membership Category</b>	<b>Family ID</b>	<b>Paid Date</b>
<b>Annual Dues Amount</b>	<b>Building Fund</b>	<b>Security Fee</b>
<b>Total for Fiscal Year</b>	<b>Check #</b>	<b>Amount</b>