

Date _____

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"/> 10 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 X	Date
Signature Member 2 X	Date
PLEASE CHARGE MY CREDIT CARD FOR THE MEMBERSHIP PAYMENT PLAN SELECTED ABOVE	
Credit Card #	Exp Date
Billing Address	
City, State, Zip	Signature X

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 Uriel Romano

*Yes, Rabbi Uri – 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
_____	Patron	\$720
_____	Guardian	\$360

צדקה
tzedakah

MEMBERSHIP 2022/2023

I/we are aware that I/we are responsible for membership dues, security fee and building fund (if applicable). If I/we choose not to remain temple members, I/we are NOT eligible to purchase high holy day tickets this fiscal year (2023/2024).

X _____
Signature

X _____
Signature

MEMBERSHIP ENGAGEMENT & INVOLVEMENT

Please check all of the boxes for the committees or groups you'd like to be involved with. Some groups and committees meet regularly, while others occasionally, often to plan a particular event.

- Adult Education**
- Early Childhood Center**
- Religious School / Gesher**
- 20s and 30s**
- 40s and 50s**
- Singles**
- Temple Friends (seniors)**
- Sisterhood / Women of Reform Judaism**
- Brotherhood**
- Israel Events and Programs)**
- Tikkun Olam/Community Service/Social Action**
- Ritual**
- Cultural Arts / Speakers**
- Shiva Hospitality**
- Membership**
- Education**
- Youth Group Programming**
- Mitzvah Day**
- Purim**
- Hanukkah**
- Shishi Israeli**
- Holocaust Survivor Shabbat**
- Temple Gala**
- Fundraising**
- Hebrew Reading**
- Choir**
- Band**
- Adult B'Nai Mitzvah Classes**
- Introduction to Judaism**
- LGBTQ**
- Lunch and Learn**
- Greeter/Usher at Shabbat Services**
- Greeter/Usher at High Holidays**
- Front Office / Administrative Help**
- AIPAC – American Israel Public Affairs Committee**
- IAC – Israeli American Council**
- Family Education Programming**
- Political Engagement & Advocacy**

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

Name _____ Contact Phone Number _____

Email Address _____ How did you hear about us? _____
