

Temple Israel of the City of New York Membership Information Form

This form is also available on our website:
<http://tiny.org/Membership>



Shalom and 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. 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.

Family Information

Individual One: Mr. Ms. Mrs. Dr. Hon. Other

.....
First Name (MI)..... Last Name..... Informal Name.....
Birth date (mm/dd/yr)/...../..... Cell Phone
Business/Profession Title.....
Employer Business Phone #.....
Business Address.....
City State..... Zip..... E-mail Address.....
Religious Upbringing.....

Individual Two: Mr. Ms. Mrs. Dr. Hon. Other

First Name (MI)..... Last Name..... Informal Name.....
Birth date (mm/dd/yr)/...../..... Cell Phone
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

Please name any relatives who are members of Temple Israel.....

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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.

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.

Membership Categories and Dues - 2017-2018

While membership offers a plethora of programs and activities year-round, it also entitles you to High Holy Day tickets for our inspiring and engaging services. Please check the category you would like to join below.

| Membership Categories | Family | Individual | Young Couple (32 and younger) | Young Single (32 and younger) |
|--|-----------|------------|-------------------------------|-------------------------------|
| Ballroom Unreserved Seating | ☐ \$3,300 | ☐ \$2,200 | ☐ \$1,275 | ☐ \$700 |
| Sanctuary Balcony Unreserved Seating | ☐ \$3,300 | ☐ \$2,200 | ☐ \$1,275 | ☐ \$700 |
| Associate | ☐ \$1,725 | ☐ \$900 | | |
| Sanctuary Main Floor Reserved Seating | | | | |
| Rows A — E | ☐ \$7,800 | ☐ \$4,250 | ☐ \$3,750 | ☐ \$2,050 |
| Rows F — K | ☐ \$6,450 | ☐ \$3,700 | ☐ \$3,550 | ☐ \$1,850 |
| Rows L — R | ☐ \$5,400 | ☐ \$3,200 | ☐ \$3,100 | ☐ \$1,600 |

Family/Young Couple entitles you to two seats for High Holy Day services in the area you have selected.

Individual/Young Single entitles you to one seat for High Holy Day services in the area you have selected.

Young Couple/Single is reserved for members age 32 and younger.

If you choose the Ballroom Service, seating for your children (grade 7 to age 24) is included in your membership. If you sit in the Sanctuary Balcony you may purchase additional tickets for them (discounted for enrollees in our Religious School Academy Program).

Associate Membership is reserved for those who live over 150 miles from Temple Israel. It entitles you to one or two seats in the Sanctuary Balcony or Ballroom Service.

Benefactor, Builder, Pillar & Leader categories are opportunities for enhanced giving and seat selection with your membership

| Benefactor | Builder | Pillar | Leader |
|------------|------------|------------|------------|
| ☐ \$11,000 | ☐ \$18,000 | ☐ \$25,000 | ☐ \$36,000 |

Benefactor & Builder Memberships entitle you to up to 2 reserved seats of your choice anywhere on the Sanctuary Main Floor.

Pillar & Leader Memberships entitle you to up to 4 reserved seats of your choice anywhere on the Sanctuary Main Floor.

To ensure the safety of members, children and guests an Annual Security Fee of **\$285** per Household and **\$120** per Individual will be added.

Membership dues cover only a fraction of our annual operating costs. Therefore, to help support Temple Israel and to recognize that those who came before literally built our synagogue, all new members, except Young Couple/Single or Associate Members, 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. Young Couple/Single Members are responsible for a portion of the building fee after the age 32.

2017 – 2018 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 2018)
- ___ \$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)

| |
|---|
| \$ _____ 2017-2018 Membership Dues + \$ _____ Security Fee + \$ _____ Building Maintenance \$ _____ 2017-2018 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

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 photographs, videos, and testimonials of you in TINYC's promotional, marketing, program materials and media.

First Adult MemberDate.....

Second Adult Member Date.....

For security purposes, we respectfully request pictures of all members. Please clearly identify all persons in the picture.
Please submit electronic copies only.

Please send your completed membership application to
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
Thank you and welcome to Temple Israel.