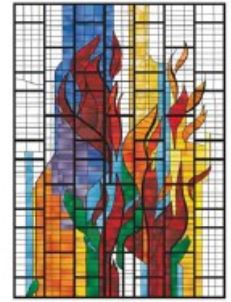


Shalom and welcome to Temple Israel. In the midst of New York City, we are an intimate, caring congregation affiliated with the Reform Movement. We warmly receive all families. We are truly committed to the inclusivity of all who wish to make Temple Israel their spiritual home. Please complete this application 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.....  
 .....

## 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.

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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.

## Membership Categories and Dues - 2018-2019

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)
<b>Ballroom Unreserved Seating</b>	☐ \$3,400	☐ \$2,300	☐ \$1,300	☐ \$720
<b>Sanctuary Balcony Unreserved Seating</b>	☐ \$3,400	☐ \$2,300	☐ \$1,300	☐ \$720
<b>Associate</b>	☐ \$1,775	☐ \$925		
<b>Sanctuary Main Floor Reserved Seating</b>				
Rows A — E	☐ \$8,000	☐ \$4,400	☐ \$3,900	☐ \$2,100
Rows F – K	☐ \$6,650	☐ \$3,800	☐ \$3,700	☐ \$1,900
Rows L – R	☐ \$5,550	☐ \$3,300	☐ \$3,200	☐ \$1,650

**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 \$300 per Household and \$130 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 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.

**2018– 2019 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)

<p>\$ _____ 2018-2019 Membership Dues</p> <p>+ \$ _____ Security Fee</p> <p>+ \$ _____ Building Maintenance</p> <p><b>\$ _____ 2018-2019 Total Payment</b></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 .....

**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 Member .....Date.....

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.