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**

	] Ms. □ Mrs. □ Dr. □ Hon. □ Otl	her	
			Informal
Birth date (mm/dd/yr)		ell Phone	
Employer		Business F	Phone #
Business Address			
City	State Zip	E-mail Address	
Religious Upbringing			
Individual Two:   Mr.	☐ Ms. ☐ Mrs. ☐ Dr. ☐ Hon. ☐ Ot	her	
First Name	Last Name		Informal Name
Birth date (mm/dd/yr)		Cell Phone	
Business/Profession		Title	
Employer		Business F	Phone #
City	State Zip	E-mail Address	S
Religious Upbringing			
Home Address		AptCity	StateZip
Home Phone #1	Home Phone #2.		Fax #
Preferred e-mail address.			
Do you prefer to receive r	mail/statement at: ☐ Home ☐ Bu	siness	
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 ☐ Separate	ed □ Engaged
Anniversary Date (mm/dd	d/yr)/		
Other Synagogue Affiliation	on		
Please name any relative	es who are members of Temple Is:	rael	

## 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 a	pplicable)
First Name	(MI) Last Name	Informal Name
Birth date (mm/dd/yr)	./ Gender: 🗆	Male □ Female
Current School / Job		Attend(ed) ECLC:
Marital Status	Partner's Name (if a	pplicable)
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 a	pplicable)
Yahrzeit Observance	ther the Hehrew or English date. P	lease indicate your preference. If you want to observe the He-
brew date, but do not recall it, p		eath and we will determine the Hebrew date for you.
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 - 2019-2020

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	□ \$3,550	□ \$2,400	□ \$1,350	□ \$750	
Sanctuary Balcony Unreserved Seating	□ \$3,550	□ \$2,400	\$2,400		
Associate	□ \$1,850	□ \$950			
Sanctuary Main Floor Reserved Seating					
Rows A —E	□ \$8,250	□ \$4,550	□ \$4,000	□ \$2,150	
Rows F – K	□ \$6,850	□ \$3,900	□ \$3,800	□ \$1,950	
Rows L – R	□ \$5,750	□ \$3,400	□ \$3,300	□ \$1,700	

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
□ \$11,300	□ \$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 <u>Annual Security Fee</u> of <u>\$400</u> per Household and <u>\$200</u> 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.

# 2019- 2020 Membership

I/We enclosed our first	st year's installment for the	Building Maintenance	Fund.			
\$2,000 (one-t	me payment)					
\$1,000 (Bill/C	harge my/our credit card th	nis amount now, and a	gain in July 2020	))		
\$500 (Bill/Cha	arge my/our credit card this	amount every 6 mont	hs for 2 years)			
\$250 (Bill/Cha	arge my/our credit card this	amount quarterly for 2	2 years			
						<b>¬</b>
\$	2019-2020 Members	hip Dues				
+ \$	Security Fee					
+ \$	Building Maintenance	е				
\$	2019-2020 Total Pay	yment				
						Payment
☐ Credit Card	eck payable to Temple Isra ard □ American Express	·	rork.			
Name on Card		Car	d #			
Expiration date		Se	ecurity code			
Credit Card Billing	g Address (if different fro	om home address)				
Address		Apt	City	State	Zip	
Signature:						
<u>Signature(s)</u>						
By signing this form y monials of you in TIN	rou are permitting Temple YC's promotional, marketi	Israel of the City of Ne ng, program materials	w York (TINYC) and media.	to use on any ph	notographs, vid	leos, and testi-
First Adult Member .			Date			
Second Adult Member	er		Date			
For security p	urposes, we respectfully re	equest pictures of all me	embers. Please	clearly identify a	all persons in t	he picture.

Please submit electronic copies only.

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