



TEMPLE EMANU-EL APPLICATION FOR MEMBERSHIP

July 1, 2010 –June 30, 2011

Temple Emanu-El
151 McIntosh Road
Sarasota, Florida 34232
Phone: 941/371-2788
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Website: www.templemanuel Sarasota.org

Affiliated with the Union for Reform Judaism
(URJ)

Temple Emanu-El, a Reform Jewish Congregation, is dedicated to serving the spiritual, social and educational needs of our members in accordance with the precepts of the URJ, while also recognizing our role in the greater community by our commitment to interfaith and interracial relations, social action, social justice and human dignity.

Temple Emanu-El
APPLICATION FOR MEMBERSHIP

Date _____ 20____

Family (Last) Name _____

Local Address _____

Street City State ZIP Code

Home Phone (_____) _____ E-mail _____

Out-of-Town Address _____

Street City State ZIP Code

Out-of-Town Phone (_____) _____

Applicant (I) Data

Dr./Mr./Ms./Mrs./Other _____ Name _____

Cell Phone (_____) _____

Date of Birth _____ Occupation _____

(If retired, previous occupation)

Present Employer _____

Business Address _____

Street City State ZIP Code

Business Phone (_____) _____ Position/Title _____

Applicant (II) Data

Dr./Mr./Ms./Mrs./Other _____ Name _____

Cell Phone (_____) _____

Date of Birth _____ Occupation _____

(If retired, previous occupation)

Present Employer _____

Business Address _____

Street City State ZIP Code

Business Phone (_____) _____ Position/Title _____

	Applicant I	Applicant II
Marital Status _____	Jewish _____	_____
Date of Marriage _____	Non-Jewish _____	_____

Were you or are you still affiliated with a Temple elsewhere? Yes _____ No _____

Name of Temple _____ City/State _____

What position, if any, did you hold in that Temple? _____

When did you move to Sarasota? (Either part time or full time) _____ From what city/state? _____

Dependent Children living at home (attach separate page for additional names)

Name _____ Birth Date _____ School _____ Gender _____

Name _____ Birth Date _____ School _____ Gender _____

Name _____ Birth Date _____ School _____ Gender _____

Name _____ Birth Date _____ School _____ Gender _____

Adult Children and/or Emergency Contacts (attach separate page for additional names)

Name _____ City/State _____ Phone (____) _____

Name _____ City/State _____ Phone (____) _____

Name _____ City/State _____ Phone (____) _____

Name _____ City/State _____ Phone (____) _____

Yahrzeits (attach separate page for additional names) (____) English Date (____) Hebrew Date

Name _____ Relationship _____ Date of Death _____

Name _____ Relationship _____ Date of Death _____

Name _____ Relationship _____ Date of Death _____

Name _____ Relationship _____ Date of Death _____

We are a temple of volunteers, and we rely on the skills and talents of our membership. Serving on a committee is also a great way to make friends. Please review the list below, **and mark at least three preferences.**

Please list your special skills and interests:

- | | | | | | |
|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Adult Education | <input type="checkbox"/> | <input type="checkbox"/> | Publicity |
| <input type="checkbox"/> | <input type="checkbox"/> | Beautification | <input type="checkbox"/> | <input type="checkbox"/> | Religious School |
| <input type="checkbox"/> | <input type="checkbox"/> | Brotherhood | <input type="checkbox"/> | <input type="checkbox"/> | Shabbat Greeter |
| <input type="checkbox"/> | <input type="checkbox"/> | Caring | <input type="checkbox"/> | <input type="checkbox"/> | Shabbat Usher |
| <input type="checkbox"/> | <input type="checkbox"/> | Cemetery | <input type="checkbox"/> | <input type="checkbox"/> | Sisterhood |
| <input type="checkbox"/> | <input type="checkbox"/> | Choir/Musical Shabbat | <input type="checkbox"/> | <input type="checkbox"/> | Social Action |
| <input type="checkbox"/> | <input type="checkbox"/> | Endowment | <input type="checkbox"/> | <input type="checkbox"/> | Technology Support |
| <input type="checkbox"/> | <input type="checkbox"/> | Finance & Budget | <input type="checkbox"/> | <input type="checkbox"/> | Temple Bulletin |
| <input type="checkbox"/> | <input type="checkbox"/> | Havurah | <input type="checkbox"/> | <input type="checkbox"/> | Temple Mishpucha |
| <input type="checkbox"/> | <input type="checkbox"/> | Historian | <input type="checkbox"/> | <input type="checkbox"/> | Temple Office Support |
| <input type="checkbox"/> | <input type="checkbox"/> | House & Grounds | <input type="checkbox"/> | <input type="checkbox"/> | Temple Pre School |
| <input type="checkbox"/> | <input type="checkbox"/> | Membership | <input type="checkbox"/> | <input type="checkbox"/> | Tot Shabbat |
| <input type="checkbox"/> | <input type="checkbox"/> | Onegs | <input type="checkbox"/> | <input type="checkbox"/> | Ways & Means (Fundraising) |
| <input type="checkbox"/> | <input type="checkbox"/> | Opher Library | <input type="checkbox"/> | <input type="checkbox"/> | Website |
| <input type="checkbox"/> | <input type="checkbox"/> | Philanthropy | <input type="checkbox"/> | <input type="checkbox"/> | Youth Group |

MEMBERSHIP APPLICATION

Benefactors, Pillars, Sustainers and Innovators receive special benefits and recognition.

CORNERSTONE SOCIETY		
Benefactor*	\$10,000.00	
Pillar*	\$ 5,000.00	
Sustainer*	\$ 3,000.00	
Innovator* (Under age 50)	\$ 500.00 in addition to dues	
DUES STRUCTURE		
	DUES	MAINTENANCE FUND *
Family Membership	\$1,550.00	\$1,000.00
Young Family (Age 25-34)	\$ 835.00	\$ 500.00
Non-resident Family Associate	\$ 745.00	0
Single Membership	\$ 850.00	\$ 750.00
Young Single (Age 25-34)	\$ 660.00	\$ 500.00
Non-resident Single Associate	\$ 515.00	0
Young Adult (Under 25)	Free	0

Membership dues may be paid annually or semi-annually. At least one-half must be paid by September 1st to receive High Holiday Tickets. Special arrangements can be made with the Financial Secretary. An Associate Membership is a non-voting membership applicable to persons whose primary residence is not the State of Florida, and who do not vote in the State of Florida. High Holiday tickets are not included in Associate Membership dues.

My/our Annual Dues will be \$ _____ I/We agree to pay \$ _____ Annually
 \$ _____ Semi-annually

***Maintenance Fund may be paid in four equal payments over a period of four years. Payments are due at the start of the fiscal year. If joining at the Benefactor, Pillar or Sustainer level Maintenance Fund is waived.**

My/our Maintenance Fund is \$ _____.

I/We agree to pay \$ _____ In one Payment. \$ _____ In four Yearly Payments Check enclosed \$ _____

Religious School fees are in addition to Temple Emanu-El membership.

I/We hereby make application to affiliate with Temple Emanu-El of Sarasota, Florida in accordance with the Article of Incorporation and By-Laws of the Congregation and agree to abide by same.

Applicant I _____ Print Name: _____ Date: _____
 (Signature)

Applicant II _____ Print Name: _____ Date: _____
 (Signature)