

Temple Israel of Brevard County

7350 Lake Andrew Dr.

Viera, FL 32940

Phone: (321) 631-9494

Fax: (321) 631-9495

Email: pcatalano@tiofbrevard.com

	Member A	Member B
Last Name		
First Name		
Middle Name		
Maiden Name		
Hebrew Name		
Address		
City, State, Zip		
Home Telephone Number		
Cell Phone Number		
Email Address		
Date of Birth		
Occupation <small>(former if retired)</small>		
Place of Employment		
Business Telephone		
Date of Marriage		
Religious Tradition in which raised	<input type="checkbox"/> Reform <input type="checkbox"/> Orthodox <input type="checkbox"/> Conservative <input type="checkbox"/> Non-Jewish	<input type="checkbox"/> Reform <input type="checkbox"/> Orthodox <input type="checkbox"/> Conservative <input type="checkbox"/> Non-Jewish
Current Religious Status	<input type="checkbox"/> Born Jewish <input type="checkbox"/> Non-Jewish <input type="checkbox"/> Jew -By- Choice	<input type="checkbox"/> Born Jewish <input type="checkbox"/> Non-Jewish <input type="checkbox"/> Jew -By- Choice
Previous Synagogue Affiliation		
Father's Hebrew Name		
Mother's Hebrew Name		
Was Father	<input type="checkbox"/> Kohan <input type="checkbox"/> Levi <input type="checkbox"/> Yisrael	<input type="checkbox"/> Kohan <input type="checkbox"/> Levi <input type="checkbox"/> Yisrael
May we include your name, home phone & email in our directory?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

CHILDREN

	Child #1	Child #2	Child #3	Child #4
Last Name				
First Name				
Sex				
Date of Birth				
Hebrew Name				
If a student, name of school				
Grade Level as of July 1				
Will child attend Temple Israel Religious School				
Who child resides with				
Attending college				
College Address				

Yahrzeits

WOULD YOU LIKE TO BE NOTIFIED ON THE ENGLISH DATE OR HEBREW DATE: _____

Name of Deceased	Relationship	English Month	English Day	English Year	Hebrew Month	Hebrew Day	Hebrew Year

If the information for your yahrzeits is not readily available, you may contact the office at any time to update your list.

Talents, Skills, Interests (X those that apply to members of your household) Please write the name of the household member in the box(es)

Art			
Athletics			
Babysitting/ Child Care			
Calligraphy			
Camping/Scout			
Carpentry			
Computer			
Cooking			
Crafts			
Electrical			
Gardening			
Library			
Making Phone Calls			
Musical Instrument (which)			
Painting			
Plumbing			
Photography			
Sewing			
Singing			
Social Services			
Teaching			
Transportation			
Woodwork			
Languages			
Other			

I (we) or members of my family would be interested in joining or learning more about the following groups or committees of Temple Israel:

- | | | |
|-------------------------------|-----------------------|-----------------------------|
| Sisterhood | Men's Club | MFTY (Youth Group) |
| Hospitality | Ritual | Social Action |
| Budget & Finance | Bylaws | Public Relations |
| Building & Grounds | Preschool | Interfaith Relations |
| Community Outreach | Teaching | Long Range Planning |
| Resource Development | Mommy & Me | Caring Committee |
| Adult Education | Library | Religious School |
| Seniors Programming | Choir | Other: _____ |

I (we) would like to apply for the following type of membership (please circle one):

- | | |
|-------------------------------------|--|
| Family | Senior Couple (One must be 62 or older) |
| Single Adult | Senior Citizen Single (62 or older) |
| Junior Single (one under 30) | Junior Family (both under 30) |

Seasonal Member: Name of Congregation you belong to in your home city:

City & State of Home Congregation:

I (we) understand that this constitutes an application for membership and that final approval must be by the Board of Directors of Temple Israel.

I (we), the undersigned being of the Jewish faith, do herewith apply for membership in Temple Israel of Brevard County, Florida and agree to abide by its Bylaws and regulations.

Member A Signature _____ Date: _____

Member B Signature _____ Date: _____

OFFICE USE ONLY:
APPROVED: WELCOME LETTER COMPUTER YAHREZITS ROLODEX BULLETIN UAHC EMAIL

Temple Israel Fair Share Pledge

Temple Israel exists today because previous generations recognized and fulfilled their responsibility toward its preservation.

Please understand that your pledge covers your family membership and will go towards Temple expenses and general maintenance. Religious School Fees and optional programs such as Men's Club and Women of Temple Israel are billed separately. When thinking about your pledge, let your conscience guide you. Remember that we can only exist in this building if we collectively meet our financial obligations.

Please fill out the form below and return it to the Temple office with your membership application.

NAME _____

ADDRESS _____

My/Our financial commitment to Temple Israel for January 1, 2014 – December 31, 2014* is:

_____ **I/We will pay our commitment (please circle one):**

Annually Semi-Annually Quarterly Monthly

I/We would like to pay monthly by credit card Account # _____

Expiration Date _____

Please note that Temple Israel incurs a 3% fee for each credit card charge. If you would like to increase your payments by 3% please initial here.

Signature _____ Date _____