

APPLICATION FOR MEMBERSHIP

Temple Israel

(765) 463-3455

620 Cumberland Avenue, West Lafayette, Indiana 47906

Rabbi Adam Bellows

President

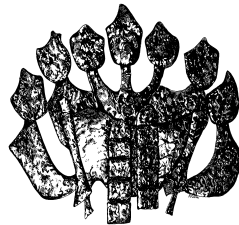
Mallory Deardorff-Dawson (*mallory.deardorff@gmail.com*)

Membership Team

Kathy Busch (*kathbusch@gmail.com*) ***Fred Gimble*** (*fgimble@hal-pc.org*)

Phyllis Winski (*pamwin1@aol.com*) ***Lori Stein Sabol*** (*lslaw@aol.com*)

Cezanne Elias (*cezhaas@aol.com*)



Revised May 2024

Date of Application _____

Welcome to Temple Israel! Our Temple Family looks forward to getting to know you.

In order to have complete records that help the Temple staff provide the quality service you expect, please provide the following information.

If there is any additional information that you would like to share or if you have any questions or concerns, please call the Membership Team: Kathy Busch 490-1608; Lori Stein Sabol 463-2640; Fred Gimble 463-2921; Phyllis Winski 447-3662; Cezanne Elias 413-4403.

Applicant's Name	Co-Applicant's Name
<i>PLEASE PRINT</i> SURNAME _____	<i>PLEASE PRINT</i> SURNAME _____
FIRST _____ MIDDLE _____	FIRST _____ MIDDLE _____
NAME PREFERRED _____	NAME PREFERRED _____
HEBREW NAME _____	HEBREW NAME _____
ADDRESS _____	ADDRESS _____
DAYTIME PHONE _____ EVENING PHONE _____	DAYTIME PHONE _____ EVENING PHONE _____
PREFERRED E-MAIL ADDRESS _____	PREFERRED E-MAIL ADDRESS _____
BIRTH DATE (MO/DAY/YR) _____	BIRTH DATE (MO/DAY/YR) _____
OCCUPATION _____ WORKPLACE _____	OCCUPATION _____ WORKPLACE _____
EDUCATION—HIGHEST LEVEL ACHIEVED AND DEGREE _____	EDUCATION—HIGHEST LEVEL ACHIEVED AND DEGREE _____
JEWISH BY BIRTH? _____ NON-JEWISH? _____	JEWISH BY BIRTH? _____ NON-JEWISH? _____
BY CHOICE? _____ CONVERSION DATE _____	BY CHOICE? _____ CONVERSION DATE _____
TRADITION IN WHICH YOU WERE RAISED: REFORM CONSERVATIVE RECONSTRUCTIONIST ORTHODOX OTHER _____	TRADITION IN WHICH YOU WERE RAISED: REFORM CONSERVATIVE RECONSTRUCTIONIST ORTHODOX OTHER _____
READ HEBREW? YES NO	READ HEBREW? YES NO
PREVIOUS/CURRENT COMMUNITY AND CONGREGATIONAL AFFILIATION AND LOCATION: _____	PREVIOUS/CURRENT COMMUNITY AND CONGREGATIONAL AFFILIATION AND LOCATION: _____
S M D SSDP MARITAL STATUS ANNIVERSARY (MO/DAY/YR) (CIRCLE ONE) IF APPLICABLE	S M D SSDP MARITAL STATUS ANNIVERSARY (MO/DAY/YR) (CIRCLE ONE) IF APPLICABLE
Children	
NAME (FIRST & LAST NAMES, PLEASE)	HEBREW NAME BIRTHDATE SCHOOL GRADE
_____	M/F _____ ___/___/___ _____
_____	M/F _____ ___/___/___ _____
_____	M/F _____ ___/___/___ _____
_____	M/F _____ ___/___/___ _____

Yahrzeits

Yahrzeits are observed and announced at that religious service closest to the date of death. Please list names of those you wish remembered, their relationship to a specific family member, and the English month, day and year of death.

_____ I prefer to observe the Hebrew date.

NAME	DATE OF DEATH	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

HOW DID YOU LEARN ABOUT TEMPLE ISRAEL?

DID YOU HAVE A BAR/BAT MITZVAH? Y/N

NAME _____

DATE OR TORAH/HAFTARAH PORTION (IF YOU REMEMBER) _____

Responsibilities of Membership

At Temple Israel we are committed to building a community. We need and ask for the help of each member with this mission. It will take a variety of talents, interests, and volunteering to accomplish this. Please fill out the following to help us find places for your particular contributions.

Talents, Skills, Hobbies _____

We/I would like to be involved in the following: (1st name use 1st column)

Temple Committees	<input type="checkbox"/> <input type="checkbox"/> Pulpit and Worship	<input type="checkbox"/> <input type="checkbox"/> Help in Library
<input type="checkbox"/> <input type="checkbox"/> Art	<input type="checkbox"/> <input type="checkbox"/> Outreach	<input type="checkbox"/> <input type="checkbox"/> Office Work
<input type="checkbox"/> <input type="checkbox"/> Adult Education	<input type="checkbox"/> <input type="checkbox"/> Sisterhood	<input type="checkbox"/> <input type="checkbox"/> Photographer
<input type="checkbox"/> <input type="checkbox"/> Building and Grounds	<input type="checkbox"/> <input type="checkbox"/> Social Action	<input type="checkbox"/> <input type="checkbox"/> Publicity/Web/Social Media
<input type="checkbox"/> <input type="checkbox"/> Caring Community	<input type="checkbox"/> <input type="checkbox"/> Youth Education	Other _____
<input type="checkbox"/> <input type="checkbox"/> Cemetery	<input type="checkbox"/> <input type="checkbox"/> Youth Group Advisory	
<input type="checkbox"/> <input type="checkbox"/> Foundation Fund	Temple Activities	Assisting in services
<input type="checkbox"/> <input type="checkbox"/> Landscaping	<input type="checkbox"/> <input type="checkbox"/> Organizing potlucks	<input type="checkbox"/> <input type="checkbox"/> Choir
<input type="checkbox"/> <input type="checkbox"/> Membership	<input type="checkbox"/> <input type="checkbox"/> Fund Raising	<input type="checkbox"/> <input type="checkbox"/> Music
<input type="checkbox"/> <input type="checkbox"/> Programming	<input type="checkbox"/> <input type="checkbox"/> Historian	<input type="checkbox"/> <input type="checkbox"/> Reader: Hebrew? English?
		<input type="checkbox"/> <input type="checkbox"/> Song Leading

Time Responsibilities of Membership

We ask that members offer time to assist every year with three events/programs. We call a willing member a folks-mensch when he or she joins with other Temple family members in giving this time commitment to make Temple Israel a fun place to come to pray, learn, and socialize. Folks-mensch translates as "a (wo)man of the people." The three annual events are--

- ◆ Be on one oneg team--Participate in the Shabbat service and contribute food and drinks for the oneg as well as setup, serving, cleanup.
- ◆ Participate in Sisterhood's deli lunch sale or fundraiser of any kind.
- ◆ Assist with one other Board-sponsored event, service, program, or fund-raiser (not Sisterhood).

Financial Responsibilities of Membership Fair Share Self-Assessment

Temple Israel operates under a “fair-share” self-assessment program for its members’ financial commitment. The table below shows suggested levels of annual dues based on the family’s gross income. We want temple membership to be financially accessible to members from all economic brackets. If the suggested minimum contribution would present financial hardship to you, please speak to the Temple president about a reduced membership rate.

Combined Annual Family Income	Financial Pledge
Up to \$49,999	\$1,000 Minimum
\$50,000 to \$74,999	\$1,250 - \$1,875
\$75,000 to \$99,999	\$1,875 - \$2,500
\$100,000 to \$124,999	\$2,500 to \$3,125
\$125,000 and above	\$3,125 and above

Keep in mind that your pledge to Temple Israel will pay for membership in the Union for Reform Judaism, (\$109 per member), your children’s tuition in Lafayette Jewish Community Religious School (\$185 per LJCRS child), the operating expenses of the Temple, and salaries of the rabbi and staff.

The Temple’s fiscal year runs from July 1 to June 30. New members joining after January 1 will be billed for 50% of their annual pledge in their first year.

So that we can plan our cash flow, please indicate how you plan to pay your pledge:

- Annually (Due by September 1)
 Quarterly (Due September 1, December 1, March 1 and June 1)
 Monthly
 Other (Please specify)

I agree to pay Temple Israel \$_____ for the year beginning _____.
 Building Preservation Fund Annual Assessment: **\$100.00**
 Total Contribution \$_____

SIGNATURE _____

DATE _____

SIGNATURE _____

DATE _____

The Temple Israel Board of Trustees meets once each month. At that time the Membership Chair introduces the applicants to the Board, and the Board formally approves the membership.

Please return this application to the Temple Office, marking the envelope—Membership.

FOR OFFICE USE ONLY:

- | | | |
|---|---|---|
| <input type="checkbox"/> Date received | <input type="checkbox"/> Nonmember spouse | <input type="checkbox"/> Bulletin |
| <input type="checkbox"/> Database | <input type="checkbox"/> Date voted | <input type="checkbox"/> Welcome pack |
| <input type="checkbox"/> Yahrzeit | <input type="checkbox"/> Directory | <input type="checkbox"/> E Address book |
| <input type="checkbox"/> New Member Shabbat | <input type="checkbox"/> Bulletin intro. | |