

# APPLICATION FOR MEMBERSHIP

## Temple Israel

(765) 463-3455

620 Cumberland Avenue, West Lafayette, Indiana 47906

***Rabbi Adam Bellows***

***President***

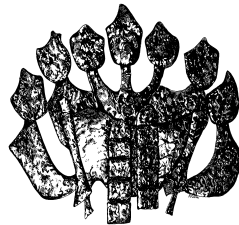
***Rose Raskin*** (*rraskin@purdue.edu*)

***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 March 2025

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> <b>SURNAME</b> _____	<i>PLEASE PRINT</i> <b>SURNAME</b> _____
FIRST _____ MIDDLE _____	FIRST _____ MIDDLE _____
NAME PREFERRED _____	NAME PREFERRED _____
HEBREW NAME _____	HEBREW NAME _____
ADDRESS _____	ADDRESS _____
LAND/CELL PHONE NUMBER _____ EMERGENCY PHONE NUMBER _____	LAND/CELL PHONE NUMBER _____ EMERGENCY PHONE NUMBER _____
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   W   D   SSDP    _____ MARITAL STATUS            ANNIVERSARY (MO/DAY/YR) (CIRCLE ONE)              IF APPLICABLE	S   M   W   D   SSDP    _____ MARITAL STATUS            ANNIVERSARY (MO/DAY/YR) (CIRCLE ONE)              IF APPLICABLE
<b>Children</b>	
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)

<b>Temple Committees</b>	<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	<b>Temple Activities</b>	<b>Assisting in services</b>
<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 the deli lunch sale or fundraiser of any kind.
- ◆ Assist with one other Board-sponsored event, service, or special program.

## 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 prorated for 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 \_\_\_\_\_.

Additional Building Preservation Fund Annual Assessment: **\$100.00**

Total Contribution (including Building Fund Assessment) \$\_\_\_\_\_

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:

\_\_\_\_ Date received

\_\_\_\_ Nonmember spouse

\_\_\_\_ Bulletin

\_\_\_\_ Database

\_\_\_\_ Date voted

\_\_\_\_ Welcome pack

\_\_\_\_ Yahrzeit

\_\_\_\_ Directory

\_\_\_\_ E Address book

\_\_\_\_ New Member Shabbat

\_\_\_\_ Bulletin intro.