

APPLICATION FOR MEMBERSHIP

Temple Israel

(765) 463-3455

620 Cumberland Avenue, West Lafayette, Indiana 47906

Rabbi Adam Bellows

President

Rose Raskin (rraskin@purdue.edu)

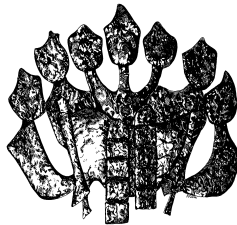
Membership Team

Kathy Busch (kathbusch@gmail.com)

Fred Gimble (fgimble@hal-pc.org)

Marjie-Gold Yukson (Malka101@comcast.net)

Cezanne Elias (cezhaas@aol.com)



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; Fred Gimble 463-2921; Marjie (Malka) Gold-Vukson 491-8213; 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 _____	
LAND/CELL PHONE NUMBER _____		LAND/CELL PHONE NUMBER _____	
EMERGENCY PHONE NUMBER _____		EMERGENCY PHONE NUMBER _____	
PREFERRED E-MAIL ADDRESS _____		PREFERRED E-MAIL ADDRESS _____	
BIRTH DATE (MO/DAY/YR) _____		BIRTH DATE (MO/DAY/YR) _____	
OCCUPATION _____		OCCUPATION _____	
WORKPLACE _____		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:		TRADITION IN WHICH YOU WERE RAISED:	
REFORM CONSERVATIVE RECONSTRUCTIONIST		REFORM CONSERVATIVE RECONSTRUCTIONIST	
ORTHODOX OTHER _____		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 _____		S M W D SSDP _____	
MARITAL STATUS _____		MARITAL STATUS _____	
(CIRCLE ONE)		(CIRCLE ONE)	
ANNIVERSARY (MO/DAY/YR) _____		ANNIVERSARY (MO/DAY/YR) _____	
IF APPLICABLE		IF APPLICABLE	
Children			
NAME (FIRST & LAST NAMES, PLEASE)			
_____	M/F	HEBREW NAME _____	BIRTHDATE _____
_____	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

☐ ☐ Art

☐ ☐ Adult Education

☐ ☐ Building and Grounds

☐ ☐ Caring Community

☐ ☐ Cemetery

☐ ☐ Foundation Fund

☐ ☐ Landscaping

☐ ☐ Membership

☐ ☐ Programming

☐ ☐ Pulpit and Worship

☐ ☐ Outreach

☐ ☐ Sisterhood

☐ ☐ Social Action

☐ ☐ Youth Education

☐ ☐ Youth Group Advisory

Temple Activities

☐ ☐ Organizing potlucks

☐ ☐ Fund Raising

☐ ☐ Historian

☐ ☐ Help in Library

☐ ☐ Office Work

☐ ☐ Photographer

☐ ☐ Publicity/Web/Social Media

Other _____

Assisting in services

☐ ☐ Choir

☐ ☐ Music

☐ ☐ Reader: Hebrew? English?

☐ ☐ 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.	