

CHECKLIST

Welcome	1
1. Previous Congregational Affiliation	1
2. Adult Member(s) Information	2
3. Areas of Interest	2
4. Yahrzeit Notification	2
5. Children Information	3
6a. Membership Signatures	4
6b. Annual Commitment Signatures	4
6c. Building Fund Signatures	4
Privacy Act Statement	4

WELCOME

Shalom and welcome!

We are delighted by your interest in our synagogue. Temple Israel is a warm and friendly traditional egalitarian synagogue. We celebrate together in good times and support each other during life's difficult moments. Founded over 70 years ago, you will find many members from among the original families, and many more new and younger families. We are teachers, at-home parents, doctors, business owners, actively employed, and actively enjoying retirement.

At Temple Israel we strive to foster the growth of each of our members, to help each person find meaning and fulfillment in the practice of Conservative Judaism. We are a vibrant congregation of learners, a community actively involved in caring for each other, and a synagogue dedicated to daily, Shabbat and holiday prayer, and most importantly, passing

the traditions of Judaism on to the next generation.

For young families, our religious school, USY chapter and Hertz Nursery School are the pride of our community. All have won many awards. For seniors, our Hazak chapter is one of the largest in the region and very active. For every age in between we have many opportunities for learning, serving, celebrating, and growing together. We continue to focus on engaging the community to work together as we move forward.

Please come often and be elevated by our renowned clergy and celebrate with our large and knowledgeable membership in our beautiful building. We look forward to the merging of your family and ours.

1. PREVIOUS CONGREGATIONAL AFFILIATION

NAME OF CONGREGATION

ADDRESS

CITY

STATE

PLEASE COMPLETE THIS ENTIRE MEMBERSHIP FORM, SIGN THE BACK, AND RETURN TO TEMPLE ISRAEL.

Temple Israel is a traditional, egalitarian Conservative Synagogue committed to the standards of Jewish Law. As such, we welcome any Jew, either a Jew by birth or a Jew by choice, to join our congregation.

6. SIGNATURES

6a. MEMBERSHIP

I/We hereby apply for membership in the congregation of Temple Israel.

I/We will abide by all its rules and regulations and shall support its religious, educational, and cultural activities.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF APPLICANT

DATE

6b. ANNUAL COMMITMENT

I/We commit to pay the sum of \$_____ (please initial here ____:____) by May 31st of this year. Religious school tuitions/fees, adult class fees, additional High Holyday seats, simcha fees, etc., are to be charged and paid separately from the Annual Commitment initialed above. Thereafter, we agree to pay an Annual Commitment and any special assessments as may be fixed by the Board of Trustees in accordance with the By-Laws of Temple Israel.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF APPLICANT

DATE

6c. BUILDING FUND

I/We commit to pay the sum of \$2,400.00 to the Temple Israel Building Fund at a rate of \$400 per year with the yearly payment due and payable not later than May 31st of each year. The Building Fund is intended to help with the ongoing maintenance of the physical plant which our earlier members helped to build. Thus all members share in providing the home for our congregation.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF APPLICANT

DATE

If you cancel your membership, in writing to the Temple office, you and/or your family will be responsible for the yearly amount of your Building Fund assessment from date of joining until the time your cancellation becomes effective, as well as any unpaid Annual Commitments, special assessments, fees and costs associated with the Religious School.

PRIVACY ACT STATEMENT

Temple Israel maintains a membership information file to enable the Temple to manage effectively traditional Jewish aspects of family events and to solicit, on occasion, the expertise of members. This information is kept confidential but is made available to the Rabbi, Ritual Director, and elected officers when required. There is no requirement to furnish the information and no penalty for noncompliance. However, failure to comply may result in the inability of the Temple to minister appropriate traditional services in the event of a family celebration or tragedy.

➔ PLEASE COMPLETE THIS ENTIRE FORM, SIGN THIS PANEL, AND RETURN IT TO TEMPLE ISRAEL.

**Temple
Israel**

Keep in touch.

125 Pond Street, Sharon, MA 02067
781-784-3986 • www.tisharon.org

2. ADULT MEMBER(S) INFORMATION

ADULT 1

LAST NAME	FIRST NAME	SECOND NAME
TITLE YOU PREFER (MR., MS., DR., NONE)		NAME YOU WISH TO BE CALLED
HOW WOULD YOU LIKE YOUR MAIL TO BE ADDRESSED?		
STREET ADDRESS		
CITY	STATE	ZIP
ADDRESS: SEASONAL RESIDENCE		
CITY	STATE	ZIP
HOME PHONE (<input type="checkbox"/> UNLISTED?)	CELL PHONE	
EMAIL	BIRTHDATE	
FATHER'S HEBREW NAME*	MOTHER'S HEBREW NAME*	
MARITAL STATUS	ANNIVERSARY DATE	
OCCUPATION (OR "RETIRED")		
CURRENT JOB TITLE		
EMPLOYER'S NAME (OR "RETIRED")		
WORK ADDRESS	WORK PHONE	
CITY	STATE	ZIP
YOUR HEBREW NAME* <input type="checkbox"/> KOHEN <input type="checkbox"/> LEVI <input type="checkbox"/> YISRAEL		

*Please use English transliteration for all Hebrew language entries.

ADULT 2

LAST NAME	FIRST NAME	SECOND NAME
TITLE YOU PREFER (MR., MS., DR., NONE)		NAME YOU WISH TO BE CALLED
HOW WOULD YOU LIKE YOUR MAIL TO BE ADDRESSED?		
STREET ADDRESS		
CITY	STATE	ZIP
ADDRESS: SEASONAL RESIDENCE		
CITY	STATE	ZIP
HOME PHONE (<input type="checkbox"/> UNLISTED?)	CELL PHONE	
EMAIL	BIRTHDATE	
FATHER'S HEBREW NAME*	MOTHER'S HEBREW NAME*	
MARITAL STATUS	ANNIVERSARY DATE	
OCCUPATION (OR "RETIRED")		
CURRENT JOB TITLE		
EMPLOYER'S NAME (OR "RETIRED")		
WORK ADDRESS	WORK PHONE	
CITY	STATE	ZIP
YOUR HEBREW NAME* <input type="checkbox"/> KOHEN <input type="checkbox"/> LEVI <input type="checkbox"/> YISRAEL		

*Please use English transliteration for all Hebrew language entries.

3. AREAS OF INTEREST

ADULT 1 / ADULT 2

<input type="checkbox"/> ADULT TEXT LEARNING	<input type="checkbox"/> HAZAK (55+)	<input type="checkbox"/> TORAH READING
<input type="checkbox"/> BROTHERHOOD**	<input type="checkbox"/> HOLOCAUST MEMORIAL	<input type="checkbox"/> DEVELOPMENT
<input type="checkbox"/> BULLETIN/PR	<input type="checkbox"/> HOUSE COMMITTEE	<input type="checkbox"/> YOUTH ACTIVITIES
<input type="checkbox"/> CHORUS/CULTURAL ARTS	<input type="checkbox"/> ISRAEL AFFAIRS	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> PLANNING FAMILY-CENTERED EVENTS	<input type="checkbox"/> PTO	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> HESSED/CARING COMMUNITY	<input type="checkbox"/> SISTERHOOD**	<input type="checkbox"/> OTHER _____
	<input type="checkbox"/> SOCIAL ACTION	<input type="checkbox"/> OTHER _____

**All new members receive one year complimentary membership in the Brotherhood and Sisterhood.

4. YAHRZEIT NOTIFICATION

Jewish custom calls for observing the anniversary of the death of loved ones according to the Jewish calendar. Please complete the information below, if pertinent, so that we may inform you of Yahrzeit dates.

RELATIONSHIP	NAME	HEBREW NAME*	SECULAR DATE OF DEATH	DAY	NIGHT

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Israel**

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5. CHILDREN INFORMATION

CHILD 1

LAST NAME FIRST NAME

GENDER

BIRTHDATE

ANY SPECIAL NEEDS

IF BAR/BAT MITZVAH, WHAT YEAR CELEBRATED

HEBREW NAME*

GRADE IN SCHOOL

IS CHILD ENROLLED IN PROZDOR

NAME OF SCHOOL

COLLEGE ADDRESS (IF APPLICABLE)

**Please use English transliteration for all Hebrew language entries.*

CHILD 3

LAST NAME FIRST NAME

GENDER

BIRTHDATE

ANY SPECIAL NEEDS

IF BAR/BAT MITZVAH, WHAT YEAR CELEBRATED

HEBREW NAME*

GRADE IN SCHOOL

IS CHILD ENROLLED IN PROZDOR

NAME OF SCHOOL

COLLEGE ADDRESS (IF APPLICABLE)

**Please use English transliteration for all Hebrew language entries.*

CHILD 2

LAST NAME FIRST NAME

GENDER

BIRTHDATE

ANY SPECIAL NEEDS

IF BAR/BAT MITZVAH, WHAT YEAR CELEBRATED

HEBREW NAME*

GRADE IN SCHOOL

IS CHILD ENROLLED IN PROZDOR

NAME OF SCHOOL

COLLEGE ADDRESS (IF APPLICABLE)

**Please use English transliteration for all Hebrew language entries.*

CHILD 4

LAST NAME FIRST NAME

GENDER

BIRTHDATE

ANY SPECIAL NEEDS

IF BAR/BAT MITZVAH, WHAT YEAR CELEBRATED

HEBREW NAME*

GRADE IN SCHOOL

IS CHILD ENROLLED IN PROZDOR

NAME OF SCHOOL

COLLEGE ADDRESS (IF APPLICABLE)

**Please use English transliteration for all Hebrew language entries.*