



# TEMPLE SOLEL MEMBERSHIP APPLICATION

## APPLICANT 1

First Name (Dr/Mr/Mrs/Ms) \_\_\_\_\_ Last Name \_\_\_\_\_

Informal Name (i.e. "Bob") \_\_\_\_\_

Local/Seasonal Address \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Local Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_

Alternate Address \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Marital Status: Married (anniversary date) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Hebrew Name \_\_\_\_\_

Please use English letters

Arrive/Depart Dates \_\_\_\_\_

Community \_\_\_\_\_

Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Business Fax \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Alternate Fax \_\_\_\_\_

Single/Partners/Widowed/Divorced/Separated

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Religious Background: \_\_\_ Reform \_\_\_ Conservative \_\_\_ Orthodox Other \_\_\_\_\_ Conversion date: \_\_\_/\_\_\_/\_\_\_

.....

## APPLICANT 2

First Name (Dr/Mr/Mrs/Ms) \_\_\_\_\_ Last Name \_\_\_\_\_

Informal Name (i.e. "Jen") \_\_\_\_\_

E-mail \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Business Fax \_\_\_\_\_

*For Office Use*

\_\_\_\_\_

.....

How did you hear about Temple Solel? \_\_\_ Relative \_\_\_ Friend \_\_\_ Advertising \_\_\_ Website \_\_\_ Other \_\_\_\_\_





# TEMPLE SOLEL MEMBERSHIP APPLICATION

PLEASE INDICATE YOUR INTEREST(S) FOR VOLUNTEERING (V) PARTICIPATING (P)

\_\_\_ADULT JEWISH LEARNING: Participate in education programming throughout the year.

\_\_\_BROTHERHOOD: This group offers a wide variety of men's programs and special events.

\_\_\_CHOIR/BANDS: join one of our music groups, overseen by Cantor Rosen

\_\_\_HOLIDAY PROGRAMS: Help organize, make phone calls, send e-mail, engage with volunteers, use creative skills.

\_\_\_MEMBERSHIP: Get involved on the membership committee! Implement methods for attracting, welcoming and orienting new members. Additionally, conduct programs to generate goodwill among new and existing members.

\_\_\_PARENT ORGANIZATIONS: Assist with a wide variety of programs and special events for the Early Childhood Center.

\_\_\_TIKKUN OLAM: Provide a myriad of resources for Temple Solel members who suddenly find themselves in need.

\_\_\_Cook meals for Temple members in need

\_\_\_Visit home bound

\_\_\_Participating in Mitzvah Day Events

\_\_\_USHERING: Work with the Religious Living Committee to maintain the decorum of our spiritual services and assist our members with seating.

\_\_\_High Holy Days \_\_\_Shabbat Services

\_\_\_VOLUNTEER (OFFICE): Assist the office staff with a myriad of tasks (proofing, editing, mailing, copying, filing, telephone, computers, etc.)

\_\_\_WOMEN OF REFORM JUDAISM/ SISTERHOOD: Gather with other women from Temple Solel's community for a wide variety of women's programs and special events.

\_\_\_ YOUTH ACTIVITIES: Help plan exciting programs to inspire and involve our youth, connecting them to their Judaism and synagogue.

\_\_\_ OTHER (please explain): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# TEMPLE SOLEL MEMBERSHIP APPLICATION

DATE: \_\_\_\_\_

I/WE HEREBY MAKE APPLICATION FOR MEMBERSHIP AT TEMPLE SOLEL AND AGREE TO ABIDE BY ITS CONSTITUTION, BY-LAWS AND REGULATIONS.

I/WE UNDERSTAND THAT MEMBERSHIP CONTRIBUTION AND BUILDING FUND PAYMENT ARE PAYABLE ACCORDING TO SYNAGOGUE POLICY. IN THE EVENT OF RESIGNATION, I/WE WILL BE RESPONSIBLE FOR ALL OBLIGATIONS ACCRUED PRIOR TO RESIGNATION.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

THANK YOU FOR COMPLETING THE TEMPLE SOLEL MEMBERSHIP APPLICATION

.....  
**FOR OFFICE USE ONLY**

For year Jan. 1, _____ to Dec. 31, _____	
Annual Membership Contribution .....	\$ _____
Building Fund: ___\$1000.00 payable over 5 years .....	\$ _____
Religious School .....	\$ _____
Other .....	\$ _____

**TOTAL PAYABLE WITH APPLICATION:**

Payment with application \$ \_\_\_\_\_ allocated as follows:

Membership \$ \_\_\_\_\_ Building Fund \$ \_\_\_\_\_ Rel. School \$ \_\_\_\_\_

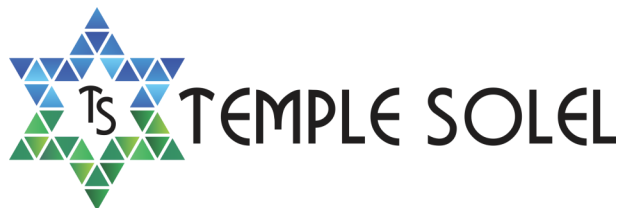
Other \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

\_\_\_ CK # \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_ CC \_\_\_\_\_ Exp. Date \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**2018 Membership**

**Please submit payment by March 31, 2018**

*(please check one)*

- Family Membership**                      **\$1,970**
- Single/Single Parent Family**            **\$1,175**
- Young Couple/Young Family**            **\$1,175**  
*(either spouse under 35)*
- Young Single (under 35)**                      **\$ 595**
- Associate**                                      **\$ 495**  
*(requires dual membership at another Synagogue & reciprocal letter for HH tickets)*

**All Memberships Please Add:**  
**Facility/Security Fee**                              **\$ 250**

**Please consider upgrading to one of our Progressive Dues Levels**

*(includes membership fees; please check one)*

- Shomer - \$2800 annual**  
*Includes reserved parking for the High Holy Days*
- Double Chai - \$3600 annual**  
*Includes above plus Memorial listings in annual Lifecycles Journal*
- Zahav -\$5400 annual**  
*Includes above plus full page ad in Pathfinder*
- Lifetime Member—\$25,000—one time\***  
*Includes all of the above plus reserved seating for your immediate family members for the High Holy Days.*

*\* Requires annual Facility/Security Fee of \$500.00*

**PAYMENT OPTIONS – Please choose one:**

- Plan A: Pay full amount on or before January 31, 2018 (2% discount if paid in cash or check)
- Plan B: Pay in three (3) equal installments (Jan. 31, Feb. 28, Mar. 31, 2018)
- Plan C: Make automatic payments in six (6) monthly installments. Amounts debited the last business day of the month starting Jan. 31 and ending June 30, 2018 (Must keep valid credit card on file)
- I'd like to help Temple Solel defray the cost of credit card fees. Please charge my card an additional 2% per payment.

**My signature below authorizes Temple Solel to charge my account per the terms above.**

\_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ AmEx    Card # \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_  
 FULL Billing Address \_\_\_\_\_  
 \_\_\_\_\_  
 Email : \_\_\_\_\_  
 Name on Card (please print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

*If you choose a payment plan, all fees must be paid in full in order to receive High Holy Day tickets.*

*All commitments must be current sixty (60) days prior to any scheduled Life Cycle Event.*

*Please return this commitment form by January 15, 2018. Thank you.*