



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

Religious Background: ___ Reform ___ Conservative ___ Orthodox Other _____ Conversion date: ___/___/___

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 _____/_____/_____

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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

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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

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THANK YOU FOR COMPLETING THE TEMPLE SOLEL MEMBERSHIP APPLICATION

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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: _____

