

# **New Member Form**

# Adult Member 1

## Adult Member 2

First Name	First Name					
Last Name	Last Name					
Birth Date (Month/Date/Year)	Birth Date (Month/Date/Year)					
Jewish (please circle) Yes No	Jewish (please circle) Yes No					
Hebrew Name	Hebrew Name					
Cell Phone ( )	Cell Phone ( )					
Occupation	Occupation					
Business Name	Business Name					
Business Address	Business Address					
City State Zip	City State Zip					
Business Phone ( )	Business Phone ( )					
Email	Email					
Mailing & Membership Information						
Home Address						
City State	e Zip					
Home Phone ( )						
Marital Status (please circle) Single Married Partnered D	ivorced Widowed Anniversary (if married) / /					
Local Emergency Contact Name						
Phone ( ) Relationship						

# **Family Information**

Please list all children 22 years and younger

First Name	Last Name (if different)	Hebrew Name	Gender	Birth Date (Month/Date/Year)	Grade	Does this child live with you?
				,		,

## Yahrzeits Observed

Please list the names of those who have died, for whom you observe Yahrzeit. Kaddish will be recited at Shabbat services closest to the anniversary date.

Name	Hebrew Name
Related to	Relationship
Date	Hebrew Date
Name	Hebrew Name
Related to	Relationship
Date	Hebrew Date
Name	Hebrew Name
Related to	Relationship
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Date	Hebrew Date
Name	Hebrew Name
Related to	Relationship
Date	Hebrew Date
Name	Hebrew Name
Related to	Relationship
Date	Hebrew Date

### Photo Release

I/We, the undersigned, agree to grant Temple Israel permission to photograph or film my/our participation at Temple Israel events. I/We further agree that any or all of the material photographed may be used, in any form, as part of any publications or social media posts to promote Temple Israel.

## **Financial Agreement**

I/We, the undersigned, hereby make application for Temple Israel membership. I/We agree to abide by its rules and by-laws. I/We understand that membership is on a yearly basis, payable in advance, not transferable and that dues are not refundable.

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Applicant's Signature	Date
Applicant's Signature	Date

Please reference the following page for membership commitment and fees.

For more information or a discussion about financial assistance, please email Executive Director, Bryan Bierman~bbierman@tiwestport.org

Temple Israel | 14 Coleytown Road | Westport, CT 06880 Main Office: 203.227.1293 | Education Office: 203.227.1656 www.tiwestport.org

# Membership Commitment & Fees

July 1, 2021 - June 30, 2022

# **Types of Membership**

## **Family Membership & Security**

Family Member 35 or older	\$3,195
Family Member 30-34	\$2,420
Family Member under 30	\$1,670

### **Individual Membership & Security**

Individual Member 35 or older	\$1,670
Individual Member 30-34	\$1,295

### **Associate Membership & Security**

For those currently maintaining a membership at another Reform congregation.

**\$870** 

### **Building Fund** (new members only)

A development pledge is asked of new members, payable over 5 years at \$720/year.

**\$3,600** (over 5 years)