

# Temple Emanuel Membership Application



956.686.9432  
 4300 North Chai ("C") Street  
 McAllen, Texas 787504  
 Office@Temple-Emanuel.com

Application Date: \_\_\_\_\_

Welcome to Temple Emanuel. We are delighted you have chosen to become part of our community. We hope that you will find membership an enriching experience and encourage you to explore the diverse opportunities for Jewish expression that Temple Emanuel offers. The information you furnish to Temple Emanuel will be kept confidential. It is intended only for our official synagogue records and to help us to better serve you and your family. Please contact us if you have any questions or need assistance in filling out this application.

Personal Information		
	Adult Applicant 1	Adult Applicant 2
Title: Full Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____
By what first name do you wish to be addressed (if different from above)?		
Personal Status	<input type="checkbox"/> Single <input type="checkbox"/> Married _____ (Date) <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____	
Hebrew Name (if known)		
Date of Birth		
Birthplace		
Former City and State of residence		
Special Accommodations needed	Specific impairment: Accommodation:	Specific impairment: Accommodations:
Community Affiliations		
Mobile phone number	___ I can receive text messages	___ I can receive text messages
Email address		

## Contact Information

How would you like your name (s) to appear on congregational communication? We will do our best to accommodate your request within system capabilities.

Name (s) \_\_\_\_\_

Home/Other phone: \_\_\_\_\_ Home Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Communication will be by email unless otherwise requested. (Bulletins, billing statements, congregational correspondence, etc.)

## Religious Background

	Adult Applicant 1	Adult Applicant 2
Religious background in which you were raised	<input type="checkbox"/> Reform <input type="checkbox"/> Conservation <input type="checkbox"/> Orthodox <input type="checkbox"/> Jewish unaffiliated <input type="checkbox"/> other: _____	<input type="checkbox"/> Reform <input type="checkbox"/> Conservation <input type="checkbox"/> Orthodox <input type="checkbox"/> Jewish unaffiliated <input type="checkbox"/> other: _____
If you become Jewish as an adult: Date, Congregation, city		
B'nai Mitzvah/Confirmation (please circle one if applicable) Date, congregation, city		
Congregation most recently or currently affiliated with: Dates, congregation, city		
Please list any relatives who are members of Temple Emanuel		
Other synagogues where you have been a member: Dates, congregation, city		

## Business Information

	Adult Applicant 1	Adult Applicant 2
Occupation/title		
Area of specialization		
Employer		
Address		
City, State, Zip		
Business Phone		
Business Fax		
Business Email		

## Yahrzeit Information

Name (and Hebrew if known):	Relation	Date of Death (before or after sundown)	Remind by Jewish or Secular date?

Additional Names attached (separate page)

Request information about Memorial Plaques and Temple Emanuel

### Children's Information

	Child 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 2 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 3 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 4 <input type="checkbox"/> Male <input type="checkbox"/> Female
First and Middle Name				
Last Name (if different)				
Preferred Name				
Hebrew Name				
Birth date (and current grade if applicable)				
Address (if not living with you)				
Parent, if other than member (contact info & religion)				
Is this child being raised in the Jewish faith?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will this child be attending Religious School at Temple Emanuel?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bar/Bat Mitzvah Date, Congregation, city				
Confirmation: Date, Congregation, City				
If previously attended Religious School, list Congregation and City				
Jewish Camp experience				
College Attending				
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered

If you have more than four children, please attach an additional page.

### Emergency Contact Information

	Applicant 1	Applicant 2
Emergency Contact Name		
Contact Phone Number		
Relationship of Applicant		
Address: City, State, Zip		
Doctor's Name		
Doctors Phone		

### Opportunities for Participation

At Temple Emanuel we believe that joining a congregation is a spiritual and emotional commitment. We encourage all congregants to become involved in all aspects of life in our congregational community. In furthering this ideal, we request that upon signing this application you commit to participate in congregational life. Please indicate which of these areas interest you by checking the appropriate box or boxes. Your participation will help strengthen the community and will make your temple experience more meaningful. You will be contacted by a congregant with more information.

- Adult Learning                       Sisterhood/Women of Reform Judaism                       Music
- Budget and Finance                       Social Action & Mitzvah Projects                       Library
- Holiday Celebration                       Visiting the Sick and Bereaved                       Newsletter
- Building Maintenance                       Communications & Publicity                       Youth Group
- Religious School                       Assisting with office work                       Fund-raising
- Other \_\_\_\_\_

### Talent and Interest Survey

- Cooking    Public Relations    Music    Travel    Carpentry    Electrical    Painting
- Baking    Israeli Dancing    Art    Driving    Gardening    Plumbing    Sewing/Needlepoint
- Other \_\_\_\_\_

What are your passions? What are your interests?

Is there any other information you feel we should know about you and your family?

The primary source of funding for the Temple Emanuel is through dues assessment. The annual membership Fee is determined by members’ ability to pay their fair share based on their income. There is no distinction of status within the membership. **Please see attached Fair Share Dues Information Sheet.**

I/We hereby make application for membership in Temple Emanuel and ask that this application be presented for that purpose to the Budget & Finance committee and then to the Board of Directors for final approval.

I/We have read the Fair Share Dues information and agree to pay this amount \$ \_\_\_\_\_ annually plus a Building Fund contribution of 25% of dues per year for the next five years.

I/We understand that dues are calculated annually (our membership year is from October Through September) and that the Temple will be relying on my/our promise to pay.

I/We plan to pay in    Yearly    Quarterly    Monthly Installments.

Applicant1: I, \_\_\_\_\_, am applying to become a member of Temple Emanuel.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant 2: I, \_\_\_\_\_, am applying to become a member of Temple Emanuel.

Signature \_\_\_\_\_ Date \_\_\_\_\_