

Temple Emanuel Associate Membership Application



956.686.9432

Application Date: _____

4300 North Chai ("C") Street

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		
Special Accommodations needed	Specific impairment: Accommodation:	Specific impairment: Accommodations:
Community Affiliations		
Mobile phone number		
Email address		
Present Synagogue Membership, City, State, & phone number (if applicable)		

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		
Confirmation (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

We encourage all congregants to become involved in all aspects of life in our congregational community. 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.

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Adult Learning | <input type="checkbox"/> Sisterhood/Women of Reform Judaism | <input type="checkbox"/> Music |
| <input type="checkbox"/> Budget and Finance | <input type="checkbox"/> Social Action & Mitzvah Projects | <input type="checkbox"/> Library |
| <input type="checkbox"/> Holiday Celebration | <input type="checkbox"/> Visiting the Sick and Bereaved | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Building Maintenance | <input type="checkbox"/> Communications & Publicity | <input type="checkbox"/> Youth Group |
| <input type="checkbox"/> Religious School | <input type="checkbox"/> Assisting with office work | <input type="checkbox"/> Fund-raising |
| <input type="checkbox"/> 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 Dues for an Associate Membership are \$250.** This membership assessment is due in full at this time.

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 understand that our membership year is from October Through September, and that the Temple will be relying on my/our promise to pay.

I/We understand that the associate membership is only available to candidates who are either
a. Presently a full member in good standing of a recognized Jewish congregation, or
b. Living outside the Rio Grande Valley. Local synagogue membership is encouraged, not required.

I/We hereby authorize Temple Emanuel Board of Directors to verify said membership if applicable.

I/We understand that this membership does not include any form of voting rights, nor Officiation at Lifecycle Events, nor use of the Temple facilities at such events.

Applicant1: I, _____, am applying for associate membership of Temple Emanuel.

Signature _____ Date _____

Applicant 2: I, _____, am applying for associate membership of Temple Emanuel.

Signature _____ Date _____