



## **DUES STRUCTURE FOR 2016-2017**

Annual Dues for our Fiscal Year of 01 July, 2016 through 30 June 2017

Family Membership (to include United Synagogue Dues)	\$1650.00
Single Membership (to include United Synagogue Dues)	\$ 825.00
Associate Membership (Any individual or couple that reside here six months of the year or less. This member shall not be eligible to vote, petition, hold office or Receive High Holiday tickets unless eligible for them through Another USCJ Synagogue)	\$ 825.00

A \$500.00 charge allocated to the Building Fund is assessed to all new Family and Single members. This will be billed as \$100.00 per year for five (5) years.

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In accordance to Article IV, Section 2, family membership will be defined as “married couples, as long as at least one spouse is eligible for membership under Section I shall be considered for family membership.” (Article IV, Section I states “any person of the Jewish faith shall be eligible for membership.”)

In accordance with Article IV, Section 6 of temple Judea’s by-laws, dues unless other arrangements are made with the Co-Presidents, shall be payable on the first day of July and must be paid prior to the High Holidays in order to retain all rights and privileges. If no payment is made by December 31<sup>st</sup> said member shall be dropped from the membership roster.



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

### **MEMBERSHIP APPLICATION**

The undersigned makes application for membership in Temple Judea and upon admission agrees to adhere to its stated Constitution and By-Laws.

Family Name: \_\_\_\_\_

Marital Status:       Married     Single     Divorced     Widowed

First Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Local Address: \_\_\_\_\_

Local Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Spouse's Email Address: \_\_\_\_\_

Occupation/Profession: \_\_\_\_\_ Business Phone: \_\_\_\_\_

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

Spouse's Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

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

If Married, Anniversary Date: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Spouse's Birthdate: \_\_\_\_\_



**CHILDREN**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  M  F  
Grade in Religious School: \_\_\_\_\_ Public School: \_\_\_\_\_  
Date of Bar/Bat Mitzvah: \_\_\_\_\_ Confirmation Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  M  F  
Grade in Religious School: \_\_\_\_\_ Public School: \_\_\_\_\_  
Date of Bar/Bat Mitzvah: \_\_\_\_\_ Confirmation Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  M  F  
Grade in Religious School: \_\_\_\_\_ Public School: \_\_\_\_\_  
Date of Bar/Bat Mitzvah: \_\_\_\_\_ Confirmation Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  M  F  
Grade in Religious School: \_\_\_\_\_ Public School: \_\_\_\_\_  
Date of Bar/Bat Mitzvah: \_\_\_\_\_ Confirmation Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  M  F  
Grade in Religious School: \_\_\_\_\_ Public School: \_\_\_\_\_  
Date of Bar/Bat Mitzvah: \_\_\_\_\_ Confirmation Date: \_\_\_\_\_

**COLLEGE AGE CHILDREN**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_



**RELIGIOUS INFORMATION**

**Please answer the following as completely as possible. Should you need help please let us know.**

Are you a:  Kohen  Levi  Yisrael

Full Hebrew Name (in English): \_\_\_\_\_

Parents Names:

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Spouse's Hebrew Name (in English): \_\_\_\_\_

Parents Names:

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Are you fluent in Hebrew? Yes No if Yes:  Language  Prayers

Family members who can chant Haftarah: \_\_\_\_\_

Family members who can read from the Torah: \_\_\_\_\_



**YAHRTZEITS OBSERVED**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Hebrew date of Death: \_\_\_\_\_  
English date of Death: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Hebrew date of Death: \_\_\_\_\_  
English date of Death: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Hebrew date of Death: \_\_\_\_\_  
English date of Death: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Hebrew date of Death: \_\_\_\_\_  
English date of Death: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Hebrew date of Death: \_\_\_\_\_  
English date of Death: \_\_\_\_\_

**AREAS OF INTEREST (Please Circle)**

- Minyan   Sisterhood   Adult Ed   Religious School   Preschool   Fundraising   Membership  
Community Activities   Bikkur-Cholim (visiting the ill)   Youth Activities   HAZAK 55+ group