



DUES STRUCTURE FOR 2018-2019

Annual Dues for our Fiscal Year of 01 July, 2018 through 30 June 2019

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 resides 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.

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 31st said member shall be dropped from the membership roster.



Temple Judea's fiscal year begins July 1, 2018. I have enclosed an invoice for your current dues, and if applicable, the invoice for your building fund obligation. The enclosed statement also shows any unpaid obligations.

You will notice that membership dues remain the same, despite Hurricane Irma and our damaged roof. In addition to the annual dues, please also consider making an additional generous contribution. You have chosen to support the Temple Judea community for many reasons that are heartfelt, well considered, and relevant to your family's needs. We are committed to meeting your needs.

When you remit payment for your dues, please indicate on your statement which billing method you prefer:

____ I wish to pay the 2018/2019 fiscal year dues obligation in one payment (July 2018)

____ I wish to pay the 2018/2019 fiscal year dues obligation in quarterly equal payments (July 2018, October 2018, January 2019, and April 2019)

____ I wish to pay the 2018/2019 fiscal year dues obligation in 10 equal monthly installments (July 2018 – April 2019)

____ I wish to pay an additional contribution in the amount of \$_____. This contribution should be applied towards _____.

Name: _____

Address: _____

Credit card payments accepted for dues, donations, fundraisers and events. There is a 3% fee for use of the card.

Thank you to each and every one of you for your volunteer efforts, time, and financial support. Your commitment and dedication are vital and appreciated. Together, we continue to build a stronger Temple Judea. We look forward to a year of education, entertainment and community events.

B'Shalom,

A handwritten signature in black ink, appearing to read "Oran Daniel Fox".

Oran Daniel Fox, MD
President



Date: _____

MEMBERSHIP APPLICATION
PLEASE PRINT RESPONSES

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: _____ Spouse's Cell Phone _____

Email Address: _____

Spouse's Email Address: _____

Northern Address: _____

Approx Dates to use the above address: _____

Birthdate: _____ Spouse's Birthdate: _____

If Married, Anniversary Date: _____

May we share all your information on our Temple Directory? Yes _____ No _____

If not, please circle what, if any, of the information we may share.

AREAS OF INTEREST (Please Circle)

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



PLEASE PRINT RESPONSES

CHILDREN

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

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COLLEGE AGE CHILDREN

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____



RELIGIOUS INFORMATION

**Please answer the following as completely as possible. Let us know if you need help.
Please redo this form even if you have previously completed one.**

PLEASE PRINT RESPONSES

Are you a: Kohen Levi Yisrael

Full Hebrew Name (in English): _____

Your Parents' Names:

Father (Full Hebrew Name in English) : _____

Mother (Full Hebrew Name in English): _____

Is spouse a: Kohen Levi Yisrael

Spouse's Full Hebrew Name (in English): _____

Spouses Parents' Names:

Father (Full Hebrew Name in English) : _____

Mother (Full Hebrew Name in English): _____

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

Is your spouse fluent in Hebrew? Yes No If Yes: Language Prayers

Family members who can chant Haftarah: _____

Family members who can read from the Torah: _____



PLEASE PRINT RESPONSES

YAHRTZEITS OBSERVED

Name: _____ Relationship _____
Hebrew date of Death: _____ Do not worry if you do not know this.
English date of Death: _____ Before Sunset After Sunset If Known

Name: _____ Relationship _____
Hebrew date of Death: _____
English date of Death: _____ Before Sunset After Sunset If Known

Name: _____ Relationship _____
Hebrew date of Death: _____
English date of Death: _____ Before Sunset After Sunset If Known

Name: _____ Relationship _____
Hebrew date of Death: _____
English date of Death: _____ Before Sunset After Sunset If Known

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