



NEW MEMBER APPLICATION

Date: _____

Providing the detailed information requested here will enable us to better serve your needs and interests.

Please Print Clearly

	ADULT #1	ADULT #2
TITLE YOU PREFER:	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss
FIRST NAME:	_____	_____
LAST NAME:	_____	_____
NICKNAME:	_____	_____
E-MAIL ADDRESS:	_____	_____
DATE OF BIRTH:	____/____/____	____/____/____
HOME PHONE NUMBER:	_____	
CELL PHONE NUMBER:	_____	_____
LOCAL ADDRESS:	_____	
	Street Address	
	City	State Zip

May this information be distributed to the congregation (e.g. Membership Directory)? ☐ Yes ☐ No

MARITAL STATUS: ☐ Married ☐ w/Partner ☐ Single ☐ Divorced ☐ Widowed

ANNIVERSARY DATE: ____/____/____

	ADULT #1	ADULT #2
KEY: RRS = Raker Religious School TSP = The Solel Preschool	<input type="checkbox"/> Been to Israel <input type="checkbox"/> RRS Alum <input type="checkbox"/> TSP Alum	<input type="checkbox"/> Been to Israel <input type="checkbox"/> RRS Alum <input type="checkbox"/> TSP Alum
JEWISH TRADITION IN WHICH	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative
YOU WERE RAISED:	<input type="checkbox"/> Orthodox <input type="checkbox"/> Secular	<input type="checkbox"/> Orthodox <input type="checkbox"/> Secular
IF NOT RAISED IN THE JEWISH	<input type="checkbox"/> Jew by Choice	<input type="checkbox"/> Jew by Choice
TRADITION:	<input type="checkbox"/> Other	<input type="checkbox"/> Other
	Religion _____	Religion _____

HEBREW NAME (TRANSLITERATION): _____

We are delighted that you have chosen to affiliate with Temple Solel. Please share with us the most compelling reasons why you have selected us, and what you are looking for in a congregation: _____

Were you referred by a temple member? ☐ Yes ☐ No Whom? _____

ADULT #2

☐ Yes ☐ No☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

ADDRESS: _____

Street Address	City	State	Zip
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Gone from (approx.) _____ to _____ each year.
Month Month

If yes, who? _____ Relationship: _____

Temple/Synagogue Name:

City/State: _____

How did you hear about Temple Solel? _____

Emergency contact not in your household:

Name _____

Relationship

Home Phone

Cell Phone

Full Name	Hebrew Name in English	Birth Date	Sex	Anticipated HS Grad. Year	Been to Israel?	TSP Alum?
1. _____	_____	___/___/_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	___/___/_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	___/___/_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	___/___/_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Name	Birth Date	Bar/Bat Mitzvah Date (if known)	HS Grad. Year	Currently In College?	College Attending/ Attended?	Been to Israel?
1. _____	__/__/__	__/__/__	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/>
2. _____	__/__/__	__/__/__	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/>
3. _____	__/__/__	__/__/__	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/>

We Want to Learn More About You!

PLEASE CIRCLE 1 (for Adult 1) OR 2 (for Adult 2) FOR EACH ITEM THAT APPLIES

ADULT #1 _____ / ADULT #2 _____
First Name First Name

I/We would be interested in learning more about the following Temple Solel Committees & Auxiliaries

For descriptions, visit our website at www.templesolel.org/community/committees/

- | | |
|-----------------------------|-----------------------------------|
| 1 2 – Adult Choir | 1 2 – Knitting for a Purpose |
| 1 2 – Art @ Solel | 1 2 – Marketing Committee |
| 1 2 – Book Club | 1 2 – Membership Committee |
| 1 2 – Budget Committee | 1 2 – Men of Solel |
| 1 2 – Caring Committee | 1 2 – Movie Club |
| 1 2 – Chavurot | 1 2 – Sisters of Solel |
| 1 2 – College Connections | 1 2 – Ritual Committee |
| 1 2 – Development Committee | 1 2 – Rosh Chodesh |
| 1 2 – Education Committee | 1 2 – Social Action Committee |
| 1 2 – Empty Nesters | 1 2 – Temple Solel Gift Shop |
| 1 2 – Facilities Committee | 1 2 – Temple Solel Library |
| 1 2 – Hiking Chavurot | 1 2 – The Al Feldman Yiddish Club |
| 1 2 – Interfaith Outreach | |

I/We would be interested in learning more about the following Temple Solel Youth Groups

- 1 2 – MSTY (3rd, 4th, and 5th Graders)
- 1 2 – JSTY (6th and 7th Graders)
- 1 2 – TSTY (8th–12th Graders)

I/We would be interested in the following volunteer opportunities

- | | |
|--|--|
| 1 2 – Assist at the Boker Tov Bistro
(Sunday morning coffee shop during Raker RS) | 1 2 – Office Help: Mailings |
| 1 2 – Assist with Fundraising Events | 1 2 – Open your home for a Temple Solel event |
| 1 2 – Assist with Mitzvah Day | 1 2 – Participate in a leadership capacity |
| 1 2 – Assist with Purim Carnival | 1 2 – Prayerbook distribution and collection at services |
| 1 2 – Assist with Social Activities | 1 2 – Prepare meals for sick/homebound congregants |
| 1 2 – Chaperone and/or staff Youth Retreat | 1 2 – Provide home hospitality for youth group events |
| 1 2 – Courtesy visits to homebound congregants | 1 2 – Provide occasional transportation for
homebound congregants (i.e., to services, programs,
doctor's visits, etc.) |
| 1 2 – Deliver meals to sick/homebound congregants | 1 2 – Welcome new members of the congregation |
| 1 2 – Greet prior to services and programs | |
| 1 2 – Office Help: Birthday phone calls | |

What are your skills, interests and hobbies?

- | | |
|---|--------------------------|
| 1 2 – Artistic talents | 1 2 – Photography |
| 1 2 – Carpentry | 1 2 – Play an Instrument |
| 1 2 – Computer/Desktop Publishing | 1 2 – Set Design |
| 1 2 – Cooking | 1 2 – Singing |
| 1 2 – Crafts | 1 2 – Social Media |
| 1 2 – Dancing | 1 2 – Travel |
| 1 2 – Finance | 1 2 – Tutor Hebrew |
| 1 2 – Fundraising | 1 2 – Writing/Editing |
| 1 2 – Knitting | 1 2 – Other _____ |
| 1 2 – Leading a Shiva Minyan or other service | |

Please list names and dates of death of your departed for whom you wish Yahrzeit notices sent.

Information must be complete in order for us to enter these names into our system.

Do you want notification of Hebrew date or English date?

☐ ENGLISH DATE ☐ HEBREW DATE

1. _____	_____	_____
(Name of Deceased)	(Relationship to Member)	(Related to Which Member)
_____	_____	_____
(English MM/DD/YYYY)	(Hebrew Month/Day/Year)	(Before or After Sundown)

OR

2. _____	_____	_____
(Name of Deceased)	(Relationship to Member)	(Related to Which Member)
_____	_____	_____
(English MM/DD/YYYY)	(Hebrew Month/Day/Year)	(Before or After Sundown)

OR

3. _____	_____	_____
(Name of Deceased)	(Relationship to Member)	(Related to Which Member)
_____	_____	_____
(English MM/DD/YYYY)	(Hebrew Month/Day/Year)	(Before or After Sundown)

OR

4. _____	_____	_____
(Name of Deceased)	(Relationship to Member)	(Related to Which Member)
_____	_____	_____
(English MM/DD/YYYY)	(Hebrew Month/Day/Year)	(Before or After Sundown)

OR

5. _____	_____	_____
(Name of Deceased)	(Relationship to Member)	(Related to Which Member)
_____	_____	_____
(English MM/DD/YYYY)	(Hebrew Month/Day/Year)	(Before or After Sundown)

OR

6. _____	_____	_____
(Name of Deceased)	(Relationship to Member)	(Related to Which Member)
_____	_____	_____
(English MM/DD/YYYY)	(Hebrew Month/Day/Year)	(Before or After Sundown)

OR



New Membership Commitment Form

Membership Year July 1, 2020 – June 30, 2021

Please return with your New Member Application

Name(s): _____
 Address: _____
 City, State, Zip: _____
 Home phone: _____ Work: _____ E-mail: _____

Based on an honest reflection of your own financial circumstances, we ask that you step up to the highest tier possible as we pursue a financially strengthened future for our community. Please indicate your membership commitment level below:

<u>Member Category</u>	<u>Family</u>	<u>Single</u>	Family = more than one in a household	
Rabbi's Circle	\$7,070	\$7,070	Annual Membership Commitment (from left column)	\$
Benefactor	\$5,565	\$3,535		
Pathfinder	\$3,355	\$2,340	Raker Religious School Tuition Total	\$
Pillar	\$2,730	\$2,130	Total Fees (Youth Group & Raker Religious School)	
Retired	\$1,445	\$1,000	Capital Fund Donation of \$250 Suggested donation	\$
Sustaining	\$2,575	\$1,760		
Sustaining/Age 26-34 (1 st Year)	\$935	\$700	All Members are Subject to a Security fee payment of \$100	\$ 100
Sustaining/Age 26-34 (2 nd Year)	\$1,380	\$1,040	BIMF (Building Improvement and Maintenance Fund)	
Sustaining/Age 26-34 (3 rd Year)	\$1,845	\$1,380	Building Fund commitment of \$1,250 billed at \$250 per year over a five-year period:	\$ 250
Sustaining/Age 18-25	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE	Please Consider Making An Additional Gift	\$
			Total Commitment for Membership Year 2020-2021	\$

***Associate membership** is only available to those who pay **full** dues to another congregation, which is their primary affiliation. Primary affiliation will be verified. An associate commitment is ½ of the category you have chosen.

Congregation name: _____

Address: _____

Phone number: _____

New Membership Commitment Form

Membership Year July 1, 2020 – June 30, 2021

Special Considerations

Temple Solel remains committed to being accessible to every person seeking to be part of a Jewish community. It has always been our policy that financial capacity will never be a barrier to membership. Special payment arrangements may be granted to members experiencing a financial hardship. ***A commitment adjustment form must be submitted annually and is due by July 31, 2020 in order to receive financial assistance.**

Choose a billing option (please check one)

☐

Annual payment
(Due by July 31)

Monthly payments
(10 payments)

Please update your payment information, as it cannot be carried over from the prior year. Please print clearly.

☐

Credit Card
(3% processing fee applies)

☐

ACH Debit Payment
Attach a voided check to this form

☐

Enclosed Check
(Payable to Temple Solel)

☐

OTHER
(IRA, Trust Distribution, Stock Transfer ETC)

Account Number _____

Exp (MM/YY) _____ CCV # _____

Name on Card _____

Billing Address _____

City _____ State _____

Zip Code _____

As a member of Temple Solel, I understand that I am making a full-year financial commitment to support the Congregation. **I further understand that the temple depends on this commitment, and I pledge to fulfill my financial obligation on or before June 30, 2020.** If I am unable to do so, I agree to contact Temple Solel's Executive Director to make alternative payment arrangements.

Signature

Date