



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 #1**ADULT #2**

OCCUPATION/TITLE:

COMPANY NAME:

BUSINESS PHONE:

May this # be distributed to the congregation?

☐ Yes ☐ No☐ Yes ☐ No

Would you provide an occasional business or professional service to the congregation?

☐ Yes ☐ No☐ Yes ☐ No

IF RETIRED, PREVIOUS OCCUPATION:

If you have an alternate address for part of the year, please list it below along with the approximate dates each year you are there, so that we can forward your mail.

ADDRESS: _____
Street Address City State ZipGone from (approx.) _____ to _____ each year.
Month MonthAre other members of your family, members of Temple Solel? ☐ Yes ☐ No

If yes, who? _____ Relationship: _____

Where were you last affiliated?

Temple/Synagogue Name: _____

City/State: _____

How did you hear about Temple Solel? _____

Emergency contact not in your household: _____

Name

Relationship

Home Phone

Cell Phone

MINOR CHILDREN IN THE HOUSEHOLD

	Full Name (include middle, if any)	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"/>	
3.	_____	_____	____/____/____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	____/____/____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

ADULT CHILDREN, 18 OR OLDER, LIVING IN YOUR HOUSEHOLD

	Full 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 Community | 1 2 – Movie Club |
| 1 2 – K'hilah | 1 2 – Sisters of Solel |
| 1 2 – College Connections | 1 2 – Ritual Committee |
| 1 2 – Development Committee | 1 2 – Rosh Chodesh—A Group for Women |
| 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 Club | 1 2 – The Al & Irma Feldman Yiddish Club |

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

- 1 2 – TSTY (9th–12th Graders)

I/We would be interested in the following volunteer opportunities

- | | |
|---|--|
| 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 Social Activities | 1 2 – Prayerbook distribution and collection at services |
| 1 2 – Chaperone and/or staff Youth Retreat | 1 2 – Prepare meals for sick/homebound congregants |
| 1 2 – Courtesy visits to homebound congregants | 1 2 – Provide home hospitality for youth group events |
| 1 2 – Deliver meals to sick/homebound congregants | 1 2 – Provide occasional transportation for homebound congregants (i.e., to services, programs, doctor's visits, etc.) |
| 1 2 – Greet prior to services and programs | 1 2 – Welcome new members of the congregation |
| 1 2 – Office Help: Birthday phone calls | |
| 1 2 – Office Help: Mailings | |

What are your skills, interests and hobbies?

- | | |
|---|-----------------------------|
| 1 2 – Artistic talents | 1 2 – Photography |
| 1 2 – Carpentry | 1 2 – Playing 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/Crocheting | 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)

_____ **OR** _____
(English MM/DD/YYYY) (Hebrew Month/Day/Year) (Before or After Sundown)

2. _____
(Name of Deceased) (Relationship to Member) (Related to Which Member)

_____ **OR** _____
(English MM/DD/YYYY) (Hebrew Month/Day/Year) (Before or After Sundown)

3. _____
(Name of Deceased) (Relationship to Member) (Related to Which Member)

_____ **OR** _____
(English MM/DD/YYYY) (Hebrew Month/Day/Year) (Before or After Sundown)

4. _____
(Name of Deceased) (Relationship to Member) (Related to Which Member)

_____ **OR** _____
(English MM/DD/YYYY) (Hebrew Month/Day/Year) (Before or After Sundown)

5. _____
(Name of Deceased) (Relationship to Member) (Related to Which Member)

_____ **OR** _____
(English MM/DD/YYYY) (Hebrew Month/Day/Year) (Before or After Sundown)

6. _____
(Name of Deceased) (Relationship to Member) (Related to Which Member)

_____ **OR** _____
(English MM/DD/YYYY) (Hebrew Month/Day/Year) (Before or After Sundown)



New Membership Commitment Form

Membership Year July 1, 2022 – June 30, 2023

Please return with your New Member Application

Name(s): _____
Address: _____
City, State, Zip _____
Home phone: _____ **Work:** _____ **Email:** _____

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:

Member Category	Family	Single	Family = more than one in a household	
Rabbi's Circle	<input type="checkbox"/> \$7,460	<input type="checkbox"/> \$7,460	Annual Membership Commitment (from left column)	\$
Benefactor	<input type="checkbox"/> \$5,875	<input type="checkbox"/> \$3,730		
Pathfinder	<input type="checkbox"/> \$3,540	<input type="checkbox"/> \$2,470	Raker Religious School Tuition Total Total Fees (Youth Group & Raker Religious School)	\$
Pillar	<input type="checkbox"/> \$2,880	<input type="checkbox"/> \$2,250		
Retired	<input type="checkbox"/> \$1,525	<input type="checkbox"/> \$1,055	Capital Fund Donation of \$250 Suggested donation	\$
Sustaining	<input type="checkbox"/> \$2,715	<input type="checkbox"/> \$1,860		
Sustaining/Age 26-34 (1 st Year)	<input type="checkbox"/> \$990	<input type="checkbox"/> \$740	All Members are Subject to a Security fee payment of \$100	\$ 100
Sustaining/Age 26-34 (2 nd Year)	<input type="checkbox"/> \$1,455	<input type="checkbox"/> \$1,095	BIMF (Building Improvement and Maintenance Fund) Building Fund commitment of \$1,250 billed at \$250 per year over a five-year period:	\$ 250
Sustaining/Age 26-34 (3 rd Year)	<input type="checkbox"/> \$1,950	<input type="checkbox"/> \$1,455	Please Consider Making An Additional Gift	\$
Sustaining/Age 18-25	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE	Total Commitment for Membership Year 2022-2023	\$

***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.

Affiliated Congregation name: _____

Address: _____

Phone number: _____

New Membership Commitment Form

Membership Year July 1, 2022 – June 30, 2023

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, 2022 in order to receive financial assistance.**

Forms must be completed and returned to Temple Solel by June 30, 2022.

Choose a billing option (please check one)

☐

Annual payment
(Due by July 31)

☐

Monthly payments
(Due by June 30)

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, 2023.** If I am unable to do so, I agree to contact Temple Solel's Executive Director to make alternative payment arrangements.

Signature

Date