



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. 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 | |

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

- 1 2 – RTC (7th–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 – Office Help: Birthday phone calls | |
| 1 2 – Office Help: Mailings | 1 2 – Welcome new members of the congregation |

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)
_____	_____	_____
(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, 2024 – June 30, 2025

Please return with your New Member Application

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

<u>Member Category</u>	<u>Family</u>	<u>Single</u>
Rabbi's Circle	\$7,995	\$7,995
Benefactor	\$6,295	\$3,995
Pathfinder	\$3,790	\$2,645
Pillar	\$3,085	\$2,410
Retired	\$1,635	\$1,130
Sustaining	\$2,910	\$1,995
Age 26-34	\$360	\$205
Age 18-25	Free	Free

Family = more than one in a household

Annual Membership Commitment (from left column)	\$
Raker Religious School Tuition Total Total Fees (Youth Group & Raker Religious School)	\$
Capital Fund Donation of \$250 Suggested donation	\$
All Members are Subject to a Security fee payment of \$150	\$ 150
BIMF (Building Improvement and Maintenance Fund) Building Fund commitment of \$1,250 billed at \$250 per year over a five-year period: Please Consider Making An Additional Gift	\$ 250
	\$
Total Commitment for Membership Year 2024-2025	\$

***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: _____

Renewal Annual Membership Commitment Form

Membership Year July 1, 2024 – June 30, 2025

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, 2024 in order to receive financial assistance.**

Please contact the Executive Director, ppishko@templesolel.org with any questions.

Choose a billing option (please check one)

☐

Annual payment
(Due by June 30)

☐

Auto renew my membership
(using my current payment method)

☐

Monthly payments
(10 payments)

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

<input type="checkbox"/> Credit Card (3% processing fee applies)	<input type="checkbox"/> ACH Debit Payment Attach a voided check to this form
<input type="checkbox"/> Enclosed Check (Payable to Temple Solel)	<input type="checkbox"/> 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, 2025.** If I am unable to do so, I agree to contact Temple Solel's Executive Director to make alternative payment arrangements.

Signature

Date