



# 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
<b>KEY:</b> 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 YOU WERE RAISED:	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Secular	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Secular

IF NOT RAISED IN THE JEWISH TRADITION:	<input type="checkbox"/> Jew by Choice <input type="checkbox"/> Other Religion _____	<input type="checkbox"/> Jew by Choice <input type="checkbox"/> Other Religion _____
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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/](http://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 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)
	<b>OR</b>		
	_____	_____	_____
	(English MM/DD/YYYY)	(Hebrew Month/Day/Year)	(Before or After Sundown)
2.	_____	_____	_____
	(Name of Deceased)	(Relationship to Member)	(Related to Which Member)
	<b>OR</b>		
	_____	_____	_____
	(English MM/DD/YYYY)	(Hebrew Month/Day/Year)	(Before or After Sundown)
3.	_____	_____	_____
	(Name of Deceased)	(Relationship to Member)	(Related to Which Member)
	<b>OR</b>		
	_____	_____	_____
	(English MM/DD/YYYY)	(Hebrew Month/Day/Year)	(Before or After Sundown)
4.	_____	_____	_____
	(Name of Deceased)	(Relationship to Member)	(Related to Which Member)
	<b>OR</b>		
	_____	_____	_____
	(English MM/DD/YYYY)	(Hebrew Month/Day/Year)	(Before or After Sundown)
5.	_____	_____	_____
	(Name of Deceased)	(Relationship to Member)	(Related to Which Member)
	<b>OR</b>		
	_____	_____	_____
	(English MM/DD/YYYY)	(Hebrew Month/Day/Year)	(Before or After Sundown)
6.	_____	_____	_____
	(Name of Deceased)	(Relationship to Member)	(Related to Which Member)
	<b>OR</b>		
	_____	_____	_____
	(English MM/DD/YYYY)	(Hebrew Month/Day/Year)	(Before or After Sundown)



# New Membership Commitment Form

**Membership Year July 1, 2025 – June 30, 2026**

**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	\$8,315	\$8,315
Benefactor	\$6,545	\$4,155
Pathfinder	\$3,940	\$2,750
Pillar	\$3,210	\$2,505
Retired	\$1,700	\$1,175
Sustaining	\$3,025	\$2,075
Age 26-34	\$375	\$215
Age 18-25	Free	Free

<b>Family = more than one in a household</b>	
Annual Membership Commitment <b>(from left column)</b>	\$
<b>Total Fees from Raker Religious School Form</b>	\$
Capital Fund Donation of \$250 Suggested donation	\$
Endowment Fund Donation	
All Members are Subject to a Security fee payment of \$150	<b>\$ 150</b>
<b>BIMF (Building Improvement and Maintenance Fund)</b> Building Fund commitment of \$1,250 billed at \$250 per year over a five-year period:	<b>\$ 250</b>
Please Consider Making An Additional Gift	\$
<b>Total Commitment for Membership Year 2025-2026</b>	\$

**\*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 1/2 of the category you have chosen.

**Affiliated Congregation name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

# Annual Membership Commitment Form

Membership Year July 1, 2025 – June 30, 2026

## 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, 2025 in order to receive financial assistance.**

Please contact the Executive Director, [ppishko@templesolel.org](mailto: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"/> <b>Credit Card</b> (3% processing fee applies)	<input type="checkbox"/> <b>ACH Debit Payment</b> Attach a voided check to this form
<input type="checkbox"/> <b>Enclosed Check</b> (Payable to Temple Solel)	<input type="checkbox"/> <b>OTHER</b> (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, 2026.** If I am unable to do so, I agree to contact Temple Solel's Executive Director to make alternative payment arrangements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date