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:	❑ Dr. ❑ Mr. ❑ Mrs. ❑ Ms. ❑ Miss	❑ Dr. ❑ Mr. ❑ Mrs. ❑ Ms. ❑ 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	❑ Been to Israel ❑ RRS Alum ❑ TSP Alum	❑ Been to Israel ❑ RRS Alum ❑ TSP Alum
JEWISH TRADITION IN WHICH	❑ Reform ❑ Conservative	❑ Reform ❑ Conservative
YOU WERE RAISED:	❑ Orthodox ❑ Secular	❑ Orthodox ❑ Secular
IF NOT RAISED IN THE JEWISH	❑ Jew by Choice	❑ Jew by Choice
TRADITION:	❑ Other	❑ 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? _____

6805 E McDonald Drive, Paradise Valley, AZ 85253 Phone: 480.991.7414 office@templesolel.org

	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 Zip

Gone from (approx.) _____ to _____ each year.
Month Month

Are 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.	_____	_____	___/___/_____	_____	_____	☐	☐
2.	_____	_____	___/___/_____	_____	_____	☐	☐
3.	_____	_____	___/___/_____	_____	_____	☐	☐
4.	_____	_____	___/___/_____	_____	_____	☐	☐

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.	_____	___/___/_____	___/___/_____	_____	☐ Yes ☐ No	_____	☐
2.	_____	___/___/_____	___/___/_____	_____	☐ Yes ☐ No	_____	☐
3.	_____	___/___/_____	___/___/_____	_____	☐ Yes ☐ No	_____	☐

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 – Art @ Solel
1 2 – Book Club
1 2 – Budget Committee
1 2 – Caring Community
1 2 – College Connections
1 2 – DevelopmentCommittee
1 2 – Education Committee
1 2 – Empty Nesters
1 2 – Facilities Committee
1 2 – Hiking Club
1 2 – Knitting for a Purpose
1 2 – Marketing Committee
1 2 – Membership Committee
1 2 – Men of Solel
1 2 – Movie Club
1 2 – Sisters of Solel /Rosh Chodesh
1 2 – Ritual Committee
1 2 – Social Action Committee
1 2 – Temple Solel Library

I/We would be interested in the following volunteer opportunities

1 2 – Assist with Fundraising Events
1 2 – Assist with Mitzvah Day
1 2 – Assist with Social Activities
1 2 – Chaperone and/or staff Youth Retreat
1 2 – Courtesy visits to homebound congregants
1 2 – Deliver meals to sick/homebound congregants
1 2 – Greet prior to services and programs
1 2 – Office Help: Birthday phone calls
1 2 – Office Help: Mailings
1 2 – Open your home for a Temple Solel event
1 2 – Participate in a leadership capacity
1 2 – Prayerbook distribution and collection at services
1 2 – Prepare meals for sick/homebound congregants
1 2 – Provide home hospitality for youth group events
1 2 – Welcome new members of the congregation

What are your skills, interests and hobbies?

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

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, 2026 – June 30, 2027

Please return with your New Member Application

Name(s): _____

Address: _____

City, State, Zip _____

Home phone: _____ **Work:** _____ **Email:** _____

Member Category	Family	Single
Rabbi's Circle	☐ $8,565	☐ $8,565
Benefactor	☐ $6,740	☐ $4,280
Pathfinder	☐ $4,060	☐ $2,835
Pillar	☐ $3,305	☐ $2,580
Retired	☐ $1,750	☐ $1,210
Sustaining	☐ $3,115	☐ $2,135
Age 26-34	☐ $385	☐ $220
Age 18-25	☐ Free	☐ Free

Family = more than one in a household

Annual Membership Commitment **(from left column)**	$
Total Fees from Raker Religious School Form	$
Capital Fund Donation of $250 Suggested donation	$
Endowment Fund 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:	$ **250**
Please Consider Making An Additional Gift	$
Total Commitment for Membership Year 2026-2027	$

***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: _____

6805 E McDonald Drive, Paradise Valley, AZ 85253 Phone: 480.991.7414 office@templesolel.org

Annual Membership Commitment Form

Membership Year July 1, 2026 – June 30, 2027

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, 2026 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.

☐ **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, 2027.** If I am unable to do so, I agree to contact Temple Solel's Executive Director to make alternative payment arrangements.

_____

Signature Date