



TEMPLE JUDEA MEMBERSHIP FORM

2022-2023

We are delighted you are choosing to join our sacred family. Kindly complete this form and email, fax, mail or drop it off at our offices. Thank you and we look forward to welcoming you!

MEMBER INFORMATION

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|--|---|--------------------------------------|------------------|
| ADULT 1 | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Full Name:</td> <td style="width: 50%; border: none;">Nickname:</td> </tr> </table> | Full Name: | Nickname: |
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GENERAL INFORMATION

| | | | |
|--|----------------|--------|------------------------|
| ADDRESS 1 | Street: | | |
| | City: | State: | Zip: |
| | Subdivision: | | Dates at this address: |
| ADDRESS 2 | Street: | | |
| | City: | State: | Zip: |
| | Subdivision: | | Dates at this address: |
| <p><i>We would love to include pictures of you in TJ materials, website, videos. If you do NOT wish to be included, please sign here:</i></p> <p>_____</p> | | | |
| <p><i>In case of emergency, please notify:</i></p> | | | |
| Name: _____ Relationship: _____ Phone: _____ | | | |
| Name: _____ Relationship: _____ Phone: _____ | | | |

CHILDREN'S INFORMATION (College Age and Under)

| | | | |
|----------------|-------------------|-----------------|------------------|
| CHILD 1 | Full Name: | | Nickname: |
| | Date of Birth: | Hebrew Name: | |
| | Cell phone: | Secular School: | |
| | Email: | Grade: | |
| CHILD 2 | Full Name: | | Nickname: |
| | Date of Birth: | Hebrew Name: | |
| | Cell phone: | Secular School: | |
| | Email: | Grade: | |
| CHILD 3 | Full Name: | | Nickname: |
| | Date of Birth: | Hebrew Name: | |
| | Cell phone: | Secular School: | |
| | Email: | Grade: | |

Yahrzeit Information

Please choose one: observe on ____ English date of death or ____ Hebrew date of death

| | | |
|-----------|-------------------------------------|---------------|
| Loved one | Full Name: | Relative of: |
| | English Date of Death (mm/dd/yyyy): | Relationship: |
| Loved one | Full Name: | Relative of: |
| | English Date of Death (mm/dd/yyyy): | Relationship: |
| Loved one | Full Name: | Relative of: |
| | English Date of Death (mm/dd/yyyy): | Relationship: |
| Loved one | Full Name: | Relative of: |
| | English Date of Death (mm/dd/yyyy): | Relationship: |
| Loved one | Full Name: | Relative of: |
| | English Date of Death (mm/dd/yyyy): | Relationship: |
| Loved one | Full Name: | Relative of: |
| | English Date of Death (mm/dd/yyyy): | Relationship: |

We are looking forward to getting to know you and your family and for you to be an integral part of our sacred community!

Please let us know if you are interested in (circle all that apply)

| | | |
|------------------|---------------------------|------------------------|
| Adult Education | Office Volunteer | 20's/30's Social Group |
| Book Club | Religious School | Empty Nester Group |
| Caring Committee | Sisterhood | Music Sharing |
| Shabbat Greeter | Youth & Family Engagement | |
| Minyan | College Connection | |

How did you hear about Temple Judea? If you were referred to us by a member, please share their name so we can thank them!

If you don't mind, please share your reason for joining the temple.

If you have any additional questions, concerns, comments – please share them here.

Thank you in advance for being an active and engaged part of our community!

TEMPLE JUDEA 2022/2023

Financial Commitment

Fiscal Year June 1 - May 31

Temple Judea values every member. If you need financial assistance, please contact Morli Josza, Executive Director, at 561-624-4633.

2022-2023

| | | Cost |
|----------------------|--------------|------|
| Annual Commitment | | |
| Introductory Dues | \$1800 | |
| Chai Society* | \$436 | |
| Golden Chai Society* | \$1360 | |
| | TOTAL | |

**Chai and Golden Chai Societies directly support members of our sacred community who cannot otherwise afford their commitment.*

Payment Plan

- One payment by check enclosed, (made payable to Temple Judea), check # _____
- One payment by credit card (please complete information below)
- Quarterly payments by credit card or check
- Monthly payments by credit card or check

Credit Card Information

Name on Credit Card: _____

Credit Card #: _____

Billing Address: _____

Expiration Date: _____ CV: _____

Cardholder Signature: _____

RETURN THESE FORMS TO THE OFFICE AT 4311 HOOD ROAD, PALM BEACH GARDENS, FL 33410
Questions? Call Pat Sensat, Membership Coordinator, at 561-624-4633