



TEMPLE JUDEA MEMBERSHIP FORM

2023-2024

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

ADULT 1	Full Name:		Nickname:	
	Date of Birth:		Hebrew Name:	
	Cell phone:		Home Phone:	
	Email:			
	Employer:		Job Title/Occupation:	
Self- Employed: <input type="checkbox"/> yes <input type="checkbox"/> no		Retired: <input type="checkbox"/> yes <input type="checkbox"/> no		
Are you on Facebook? <input type="checkbox"/> yes <input type="checkbox"/> no		Are you on Instagram? <input type="checkbox"/> yes <input type="checkbox"/> no		
Interests:		Hobbies:		
ADULT 2	Full Name:		Nickname:	
	Date of Birth:		Hebrew Name:	
	Cell phone:		Home Phone:	
	Email:			
	Employer:		Job Title/Occupation:	
Self- Employed: <input type="checkbox"/> yes <input type="checkbox"/> no		Retired: <input type="checkbox"/> yes <input type="checkbox"/> no		
Are you on Facebook? <input type="checkbox"/> yes <input type="checkbox"/> no		Are you on Instagram? <input type="checkbox"/> yes <input type="checkbox"/> no		
Interests:		Hobbies:		
Marital Status: <input type="checkbox"/> Single; <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Partnership		Anniversary Date: _____		

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	College Connection	Minyan
Book Club	Religious School	Empty Nester Group	
Caring Committee	Sisterhood	Music Sharing	
Shabbat Greeter	Youth & Family Engagement	Social Action	

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 2023/2024

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