



Temple Judea  
4311 Hood Road  
Palm Beach Gardens, FL 33410  
info@gotj.org

## 2020-2021 MEMBERSHIP APPLICATION GENERAL INFORMATION

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. If you have any questions, please let us know. Thank you! We look forward to welcoming you.

Family's Last Name:

Current Address:

Subdivision:

City:

State:

Zip:

Out of Town Address (if applicable):

City:

State:

Zip Code:

Telephone Number:

Family Status (check one): Married  Anniversary Mo/Day/Year: \_\_\_\_\_ Single:  Widowed:  Partnership:

Previous Synagogue (if applicable):

We would love to include pictures of you in TJ mailers, website, videos, and other marketing materials. If you DO NOT wish to be included, please sign here.

### ADULT MEMBER #1:

Name:

Hebrew Name:

Email:

Cell Phone:

Home Phone:

Date of Birth:

Occupation:

Business Name:

Work Phone:

Are you self-employed?  yes  no

Interests/ Hobbies:

### ADULT MEMBER #2:

Name:

Hebrew Name:

Email:

Cell Phone:

Home Phone:

Date of Birth:

Occupation:

Business Name:

Work Phone:

Are you self-employed?  yes  no

Interests/ Hobbies:



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**Children's Information** (College Age and Under)

Child #1

Name:	Hebrew Name (if known):		
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Date of Birth:	If a Student - Name of School	Grade:	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Child #2

Name:	Hebrew Name (if known):		
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Date of Birth:	If a Student - Name of School	Grade:	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Child #3

Name:	Hebrew Name (if known):		
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Date of Birth:	If a Student - Name of School	Grade:	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Child #4

Name:	Hebrew Name (if known):		
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Date of Birth:	If a Student - Name of School	Grade:	<input type="checkbox"/> Male <input type="checkbox"/> Female
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**Yahrzeit Information**

Please indicate if you would like the Yahrzeits read on the English or Hebrew date?      English      Hebrew

Deceased Name	Relative of:
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Relationship:	English Date of Death (mm/dd/yyyy):
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Deceased Name	Relative of:
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Relationship:	English Date of Death (mm/dd/yyyy):
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Deceased Name	Relative of:
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Relationship:	English Date of Death (mm/dd/yyyy):
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Deceased Name	Relative of:
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Relationship:	English Date of Death (mm/dd/yyyy):
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**Emergency Contact**

Name:	Phone #:	Relationship:
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**GET INVOLVED!**

We invite you to become an active member of your congregation

Name: \_\_\_\_\_

Please check the areas you are interested in becoming more involved:

Adult Education Book Club Chorus Caring Committee Greeter Membership Committee Men's Club Minyan	Office Volunteer Religious School Sisterhood Social Action Youth Group	List additional areas:
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I heard about Temple Judea from: Newspaper Friends/Family Advertising Location Mailings Other

Reason for joining Temple Judea?

Were you referred to our Temple? Whom should we thank?

**Financial Information**

Fiscal Year: June 1<sup>st</sup> - May 31<sup>st</sup>

**Temple Judea values every member and is happy to offer assistance if needed, please contact the office.**

My Annual Commitment to Temple Judea: \$ \_\_\_\_\_  
 First Year Introductory Dues: \$ 1800.00 \_\_\_\_\_  
 Chai Society (Optional) - \$436 above dues \* \$ \_\_\_\_\_  
 Golden Chai Society (Optional) - \$1360 above dues\* \$ \_\_\_\_\_  
**Total:** \$ \_\_\_\_\_

\*Chai Society and Golden Chai Society support members who wouldn't otherwise be able to afford membership

Charge my (pls. check one):  VISA  MasterCard  AMEX  
 1 payment in Total  Equal Quarterly Payments  Equal Monthly Payments

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_



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Please use this space to add additional information:

*Thank you for becoming a member of Temple Judea.  
We welcome you to our family!*