

Temple Judea of Manhasset

333 Searingtown Road
Manhasset, NY 11030

MEMBERSHIP APPLICATION FORM

Phone (516) 621-8049
Fax (516) 621-4725
E-Mail templeoffice@temple-judea.com

We are delighted that you have decided to join our family at Temple Judea of Manhasset.

Please complete the information form so we can better serve your interests and needs.
The information you submit will be respected as confidential within our temple family.
Thank you for your cooperation.

PERSONAL INFORMATION

Date: _____

Please Print Clearly In Blue or Black Ink

<p>One: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____</p> <p>Name _____ Last First Middle</p> <p>Nickname _____ Date of Birth ____/____/____</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed Maiden Name _____ Wedding Anniversary ____/____/____</p>	<p>Two: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____</p> <p>Name _____ Last First Middle</p> <p>Nickname _____ Date of Birth ____/____/____</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed Maiden Name _____ Wedding Anniversary ____/____/____</p>
<p>Residence Address _____</p> <p>City _____ State ____ Zip _____</p> <p>Home Phone () _____ Cell Phone () _____</p>	<p>Residence Address _____</p> <p>City _____ State ____ Zip _____</p> <p>Home Phone () _____ Cell Phone () _____</p>
<p>Occupation _____</p> <p>Employer/Firm Name _____</p> <p>Bus. Address _____</p> <p>City _____ State ____ Zip _____</p> <p>Bus. Phone (____) _____</p> <p>E-mail _____</p>	<p>Occupation _____</p> <p>Employer/Firm Name _____</p> <p>Bus. Address _____</p> <p>City _____ State ____ Zip _____</p> <p>Bus. Phone (____) _____</p> <p>E-mail _____</p>
<p>Religious Background: <input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Jew By Choice (Officiating Rabbi's Name) _____ <input type="checkbox"/> Other _____</p> <p>Bar/Bat Mitzvah <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Read Hebrew <input type="checkbox"/> Yes <input type="checkbox"/> No Speak Hebrew <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Chant Torah <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Hebrew Name (If known) _____</p>	<p>Religious Background: <input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Jew By Choice (Officiating Rabbi's Name) _____ <input type="checkbox"/> Other _____</p> <p>Bar/Bat Mitzvah <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Read Hebrew <input type="checkbox"/> Yes <input type="checkbox"/> No Speak Hebrew <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Chant Torah <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Hebrew Name (If known) _____</p>
<p><input type="checkbox"/> Prior Synagogue Affiliation</p> <p>Name & Address _____</p> <p>Dates of Synagogue Affiliation _____</p> <p>Amount of Prior Synagogue Building Fund Paid _____</p> <p>Prior Temple Involvement</p> <p><input type="checkbox"/> Officer, Board Member or Committee Member</p> <p>Please List _____</p> <p><input type="checkbox"/> Sisterhood <input type="checkbox"/> Brotherhood <input type="checkbox"/> Other _____</p>	<p><input type="checkbox"/> Prior Synagogue Affiliation</p> <p>Name & Address _____</p> <p>Dates of Synagogue Affiliation _____</p> <p>Amount of Prior Synagogue Building Fund Paid _____</p> <p>Prior Temple Involvement</p> <p><input type="checkbox"/> Officer, Board Member or Committee Member</p> <p>Please List _____</p> <p><input type="checkbox"/> Sisterhood <input type="checkbox"/> Brotherhood <input type="checkbox"/> Other _____</p>

YOUR CHILDREN

Children Living at Home

<u>Child's Name</u>	<u>Nickname (if Used)</u>	<u>Birth Date</u>	<u>PUBLIC SCHOOL</u>		<u>Religious School</u>		
			<u>Grade</u>	<u>School Name</u>	<u>Please Circle One</u>		
_____	_____	___/___/___	_____	_____	Yes	No	Enroll
_____	_____	___/___/___	_____	_____	Yes	No	Enroll
_____	_____	___/___/___	_____	_____	Yes	No	Enroll
_____	_____	___/___/___	_____	_____	Yes	No	Enroll

Do any of the children have allergies (asthma, wheat, soy, nut, etc.)? If so, What child and which allergies?

Children Not Living at Home

<u>Name</u>	<u>Birth Date</u>	<u>At College</u>	<u>Address</u>	<u>Marital Status</u>
_____	___/___/___	<input type="checkbox"/> Yes	_____	_____
_____	___/___/___	<input type="checkbox"/> Yes	_____	_____
_____	___/___/___	<input type="checkbox"/> Yes	_____	_____

Yarzeit Information

Temple Judea embraces the tradition of remembering and honoring those who influenced and enriched our lives, but who have passed from this life. Please provide the information requested below so that we may include your loved one(s) on our Yahrzeit List and you will be sent a reminder 2 weeks before the date (use a separate sheet if necessary)

<u>Name</u>	<u>Relationship</u>	<u>Date of Death</u>
_____	_____	___/___/___
_____	_____	___/___/___
_____	_____	___/___/___
_____	_____	___/___/___

Please check below of your wishes to be notified of Yahrzeit by Hebrew or English dates.

HEBREW DATES **ENGLISH DATES**

How do you want Family name addressed (example: Smithstein, Moishe & Jane)

Ambassador Program:

After you join, your name will be given to one of our current congregants who will call you to welcome you to Temple Judea. He/She will encourage you to meet at the High Holy Days and/or other temple events. Your Ambassador will introduce you to other congregants and help you become acclimated to the Temple Judea family.

Finding Your Place at Temple Judea

In the great tradition of our faith, our Temple serves its members completely and tirelessly. We are a caring community, responding to the needs of every individual and family. Using the finest educational resources, our schools and youth programs present to our children the rich heritage of our faith. With the aid of our Sisterhood, Brotherhood Couples, Family Connection, Baby Boomers, Greatest Generation groups and auxiliaries, our full and active programs serve every age group in the Congregation in a meaningful and personal way.

Please check the boxes of the committee(s) that you would like to be contacted by and/or serve on.

<input type="checkbox"/>	Adult Volunteer Choir	If you like to sing, join our Adult Choir to participate in services through singing.
<input type="checkbox"/>	Adult Education	Adult Religious School, book and movie discussions, arrange for speakers.
<input type="checkbox"/>	Baby Boomers	'Baby Boomers' is a group born during the Post World-World II baby boom and are members of Temple Judea who enjoy networking, partying and socializing!
<input type="checkbox"/>	Brotherhood	The Brotherhood of Temple Judea serves as a social and charitable venue for the men of Temple Judea.
<input type="checkbox"/>	Bulletin Committee	Committee plans, directs and lays out the bi-monthly "Voice of Judea" bulletin that is mailed to all congregants.
<input type="checkbox"/>	Caring Committee	The Caring Committee is there for all congregants in need of assistance.
<input type="checkbox"/>	Family Connection	Family Connection sponsors programs geared for families with religious school age children including social events, community service activities, holiday celebrations/services, family & adult only events.
<input type="checkbox"/>	Fundraising Committee	Fund-Raising seeks "fun" ways to supplement the Temple revenues.
<input type="checkbox"/>	Greatest Generation	The Greatest Generation celebrates the over 65 year old monthly on Sunday between 2-4pm. It features entertaining social and cultural programs with a nosh.
<input type="checkbox"/>	Holocaust Education	Become involved in helping to provide holocaust education programs and care for the holocaust center.
<input type="checkbox"/>	House Committee	The House Committee oversees the safety and care of Temple Judea including special projects.
<input type="checkbox"/>	Israeli Committee	Support Israel through activities at Temple Judea, participate in the Israeli Day Parade and other events.
<input type="checkbox"/>	Long Range Planning Committee	The Long Range Planning Committee shapes the future of the Temple with representation of all committees.
<input type="checkbox"/>	Membership Committee	The Membership committee explores ways to find new members and make sure new and existing members and their families always feel welcome at Temple Judea.
<input type="checkbox"/>	Publicity Committee	The Publicity Committee publicizes activities, programs, and events at the Temple and in the media.
<input type="checkbox"/>	Education Committee	The Education Committee work with the head of the religious school to resolve issues that arise within the school and to help determine school policy.
<input type="checkbox"/>	Ritual Practices Committee	The Ritual Committee along with the Rabbi and Cantor ensure the quality of our religious practices and oversee the preparations required for the High Holidays.
<input type="checkbox"/>	Social Action Committee	The Social Action Committee creates projects for the congregation to address problems of hunger, poverty and other social issues in our local community and Israel.
<input type="checkbox"/>	Sisterhood / WRJ	Sisterhood / WRJ ensures the future of Reform Judaism through innovative educational, spiritual, and social programming.
<input type="checkbox"/>	Temple Youth Group	The Temple Youth Group plans activities for children in grades 3-6 with other temple families.
<input type="checkbox"/>	Website Committee	The committee updates and enhances the Temple website keeping the congregants up to date on all of the events and goings on at Temple Judea .

Personal Interests, Talents, and Hobbies That May Be Useful to Temple Judea.

Activity and Photo Release

I hereby give permission for myself and my family to participate in all activities of Temple Judea of Manhasset (TJ). The undersigned, individually and as legal guardian(s), do hereby release Temple Judea of Manhasset, its agents, representatives and employees for any acts or omissions which cause or result in injury at any events held at TJ or at any outings, or going to and from outings, irrespective of cause. Furthermore TJ is given express authority to seek and obtain at our expense any and all emergency medical treatment for and on behalf of the undersigned and my family members for all injuries sustained.

I grant Temple Judea of Manhasset (TJ), its representatives and employees the right to take photographs and videos of me (and my family and guests), and authorize TJ, its assigns and transferees to copyright, use the photographs and videos in its promotional and marketing material and publicity efforts. I hereby hold harmless and release TJ, its representatives and employees from liability for any violation of any personal or proprietary right it may have in connection with such use. I agree that TJ may use such photographs and videos of me with or without my name and for any lawful purpose, including print and/or electronic usage.

1st Adult Member Signature

2nd Adult Member Signature

Date

Date

Temple Judea of Manhasset Membership

I (we) hereby apply for membership in Temple Judea of Manhasset. I (we) agree that in addition to paying yearly dues, I (we) will fulfill my Building Fund obligation to Temple Judea. I/we understand that all school fees are additional. I (we) agree to comply with the provisions of the Constitution and By-Laws for Temple Judea of Manhasset (which are available in the Temple Office) and all present and future resolutions duly enacted by the Congregation and the Board of Trustees. I (we) understand that by signing below I give Temple Judea the right to verify my prior financial obligations with my previous Temple affiliation if applicable.

1st Adult Member Signature

2nd Adult Member Signature

Date

Date

For Office Use Only:

Membership: NEW RETURNING

Copies: Membership Sisterhood Brotherhood Family Connection Religious School

List all other committees that have been contacted: _____

Billing Information: _____

Member Number: _____