

# 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

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 _____ Name _____ Last First Middle Nickname _____ Date of Birth ____/____/____ <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married Maiden Name _____ Wedding Anniversary ____/____/____	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 _____ Name _____ Last First Middle Nickname _____ Date of Birth ____/____/____ <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married Maiden Name _____ Wedding Anniversary ____/____/____
Residence Address _____ City _____ State ____ Zip _____ Home Phone ( ) _____ Cell Phone ( ) _____	Residence Address _____ City _____ State ____ Zip _____ Home Phone ( ) _____ Cell Phone ( ) _____
Occupation _____ Employer/Firm Name _____ Bus. Address _____ City _____ State ____ Zip _____ Bus. Phone (____) _____ E-mail _____	Occupation _____ Employer/Firm Name _____ Bus. Address _____ City _____ State ____ Zip _____ Bus. Phone (____) _____ E-mail _____
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 _____ Bar/Bat Mitzvah <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed <input type="checkbox"/> Yes <input type="checkbox"/> No Read Hebrew <input type="checkbox"/> Yes <input type="checkbox"/> No Speak Hebrew <input type="checkbox"/> Yes <input type="checkbox"/> No Chant Torah <input type="checkbox"/> Yes <input type="checkbox"/> No Hebrew Name (If known) _____	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 _____ Bar/Bat Mitzvah <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed <input type="checkbox"/> Yes <input type="checkbox"/> No Read Hebrew <input type="checkbox"/> Yes <input type="checkbox"/> No Speak Hebrew <input type="checkbox"/> Yes <input type="checkbox"/> No Chant Torah <input type="checkbox"/> Yes <input type="checkbox"/> No Hebrew Name (If known) _____
<input type="checkbox"/> Prior Synagogue Affiliation If So, Name & Address _____ Dates of Synagogue Affiliation _____ Amount of Prior Synagogue Building Fund Paid _____ <b>Prior Temple Involvement</b> <input type="checkbox"/> Officer, Board Member or Committee Member Please List _____ <input type="checkbox"/> Sisterhood <input type="checkbox"/> Brotherhood <input type="checkbox"/> Other _____	<input type="checkbox"/> Prior Synagogue Affiliation If So, Name & Address _____ Dates of Synagogue Affiliation _____ Amount of Prior Synagogue Building Fund Paid _____ <b>Prior Temple Involvement</b> <input type="checkbox"/> Officer, Board Member or Committee Member Please List _____ <input type="checkbox"/> Sisterhood <input type="checkbox"/> Brotherhood <input type="checkbox"/> Other _____

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YOUR CHILDREN

Children Living at Home

<u>Child's Name</u>	<u>Nickname (If Used)</u>	<u>Birth Date</u>	<u>Public School Grade</u>	<u>Public School Name</u>	<u>Enroll in Religious School</u>
_____	_____	__/__/__	_____	_____	<input type="checkbox"/> Yes
_____	_____	__/__/__	_____	_____	<input type="checkbox"/> Yes
_____	_____	__/__/__	_____	_____	<input type="checkbox"/> Yes
_____	_____	__/__/__	_____	_____	<input type="checkbox"/> Yes

Do any of the children have allergies (asthma, wheat, soy, nut etc.)? Which child and what allergies?

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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	_____	_____	_____

Yahrzeit 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

**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.

<input type="checkbox"/>	Adult Education	
<input type="checkbox"/>	Baby Boomers	
<input type="checkbox"/>	Budget Committee	
<input type="checkbox"/>	Bulletin Committee	Committee plans, directs and lays out the bi-monthly "Voice of Judea" bulletin that is mailed ore-mailed to all congregants.
<input type="checkbox"/>	Caring Committee	
<input type="checkbox"/>	Family Connection	
<input type="checkbox"/>	Fundraising Committee	
<input type="checkbox"/>	Greatest Generation	
<input type="checkbox"/>	Holocaust Education	
<input type="checkbox"/>	House Committee	
<input type="checkbox"/>	Israeli Independence Day	
<input type="checkbox"/>	Membership Committee	
<input type="checkbox"/>	Publicity Committee	
<input type="checkbox"/>	Religious School Committee	
<input type="checkbox"/>	Ritual Practices Committee	
<input type="checkbox"/>	Social Action Committee	
<input type="checkbox"/>	Temple Youth Group	
<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 th 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:

Copies:    Membership     Sisterhood     Brotherhood

List all other committees that have been contacted: \_\_\_\_\_