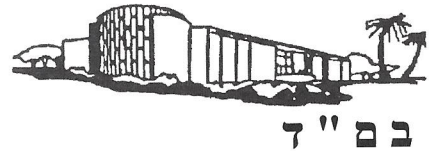


Temple Emanuel



600 Lake Hollingsworth Dr. Lakeland, FL 33803-2363

Voice: 863-682-8616 Fax: 863-688-0954

e-mail: Temple.Emanuel18@gmail.com

website: www.TempleEmanuelLakeland.com

 [www.Facebook.com/Temple Emanuel Lakeland](https://www.Facebook.com/TempleEmanuelLakeland)

Shalom!

We at Temple Emanuel are very pleased that you have expressed an interest in affiliating with our congregation. In order to process this application promptly, we ask that you answer all questions in full, and return the forms to Temple Emanuel.

A representative of the Membership Committee will be happy to meet with you or speak with you by phone to clarify any questions and to more fully acquaint you with our Temple, our goals, policies, facilities, dues structure, schools and informal and formal learning opportunities. Please review the materials provided in your Membership application package.

In the meantime, we would love to see you at a service or one of our events. Service times are Fridays at 7:30 p.m. and Saturdays at 9:30 a.m. Hope to see you soon!

Sincerely,
Temple Emanuel Executive Board



Temple Emanuel

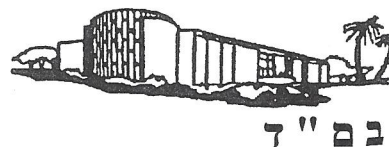
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MEMBERSHIP APPLICATION

Date of Application: _____

PLEASE PRINT LEGIBLY

MEMBER I (Jewish Member)

Name _____

Hebrew Name* _____

Father's Hebrew Name* _____

Mother's Hebrew Name * _____

Religious Lineage ☐Kohen ☐Levi ☐Yisrael

Date of Birth _____

Home Address _____

Home Phone _____

Cell Phone _____

Email _____

Wedding Anniversary _____

Occupation _____

Work Contact Information _____

MEMBER II (Spouse**)

Name _____

Hebrew Name* _____

Father's Hebrew Name* _____

Mother's Hebrew Name * _____

Religious Lineage ☐Kohen ☐Levi ☐Yisrael

Date of Birth _____

Home Address _____

Home Phone _____

Cell Phone _____

Email _____

Wedding Anniversary _____

Occupation _____

Work Contact Information _____

* Please print all Hebrew names in English transliteration.

* Please print all Hebrew names in English transliteration.

** Please indicate if NOT Jewish.

RELIGIOUS STATUS

Is/are member(s) born to a Jewish mother? *Member I* ☐Yes ☐No *Member II* ☐Yes ☐No

If not, please provide the following information regarding conversion to Judaism:

Member I

Date of Conversion_____

Name of Officiating Rabbi_____

Synagogue & Affiliation_____

Synagogue Address _____

Member II

Date of Conversion_____

Name of Officiating Rabbi _____

Synagogue & Affiliation_____

Synagogue Address _____

CHILDREN (age 25 and under)

*** Please print all Hebrew names in English transliteration.**

	First Child	Second Child	Third Child
NAME			
Hebrew Name*			
Date of Birth			
Bar/Bat Mitzvah Date			
Date of Conversion			
Where & By Whom			
Will Your Child Attend Our School?			

YAHREZEIT DATES (Please complete the information below. The time of day is important.)[illegible]

GENERAL MEMBERSHIP FEES

Check the one that applies.

Age category defined by oldest member. "Family" membership is defined as single with children and/or married with or without children. If your spouse is not Jewish and will not be participating in any services or events at Temple Emanuel, you may qualify as "Single".

Dues are on a fiscal year basis and apply from July 1st through June 30th each year. Any adjustments made to dues reset to the normal schedule each July 1st.

Under Age 30	Age 30 - 69	Age 70 and Older
<input type="checkbox"/> Single - \$720	<input type="checkbox"/> Single - \$1080	<input type="checkbox"/> Single - \$960
<input type="checkbox"/> Married - \$1080	<input type="checkbox"/> Family - \$1440	<input type="checkbox"/> Married - \$1200

Associate Memberships are available for those who live outside the greater Lakeland community and plan to attend part time (snow birds) or who are unable to attend but wish to be a member. Associate membership fees are one half the respective categories above.

☐ **I/we cannot afford to pay the minimum dues.**

(Please send a confidential special needs request with the application.)

Membership Commitment

My/our annual dues will be*: <small>*Dues are prorated during the first year of membership if a complete year (7/1 - 6/30) will not be utilized.</small>	\$
Building Fund \$100 per year for the first six (6) years: <small>A one-time commitment of \$600 payable over 6 years shall be assessed on all new members. Please indicate how much you will pay toward this at this time.</small>	\$
Voluntary Maintenance and Capitol Improvement: <small>\$100 annual commitment toward maintenance and capital improvements. This sinking fund is intended to eliminate the need for special assessments in the future to cover major maintenance and capital expenditures on our facilities.</small>	\$
My/Our Total Commitment:	\$

Payment Plan (Please check if you will be making monthly payments.)

☐ **Monthly** - a monthly payment plan is available over 10 months. All dues and charges on Temple Accounts must be paid in full within 10 months - July through April.

By signing this membership commitment, I (we) agree to abide by the rules and regulations of Temple Emanuel of Lakeland, FL as outlined in the by-laws, and I (we) further agree to assume all proper financial obligations of dues, tuition, pledges and assessments, as properly assessed by Temple Emanuel, Inc. of Lakeland, FL. I (we) further agree that the information given in the application is true.

Member I Signature

Member II Signature

Date:

Date:

AREAS OF INTEREST/VOLUNTEER OPPORTUNITIES

Temple Emanuel thrives from the many volunteers who put in much time and energy to assist in the synagogue's smooth operation. We recognize all of our volunteers and are inspired by knowing what interests our members. Please check your areas of interest or where you would be willing to volunteer.

- ☐ **Chevrah Kadisha** - involves ritual washing and preparing the deceased for burial.
- ☐ **House and Grounds** - help with light maintenance, parking for large events, facility rental.
- ☐ **Kitchen Help** - organize kitchen - shopping - cooking/making refreshments (you will be trained in kashrut) - training in kashrut. (Please circle all that apply.)
- ☐ **Library** - Help keep the libraries clean, organized, maintain the library inventory.
- ☐ **Membership Directory** - help sell ads, recommend businesses to contact.
- ☐ **Membership Outreach**
 - ☐ Invite friends, neighbors and potential members to Shabbat services
 - ☐ Greet members and guests at services
 - ☐ Contact current members whom we haven't seen in a long time
 - ☐ Offer rides to members who cannot drive
- ☐ **Office Help** - proofreading - website - facebook - phone calls - reprographics - mailings (Please circle all that apply)
- ☐ **Religious School** - Teacher's aide - teacher - Hebrew teacher (Please circle all that apply)
- ☐ **Ritual Committee** - Members of the ritual committee may be asked to lead services including minor holidays and other tasks relating to Jewish ritual.
- ☐ **Social Events** - Help plan and organize classes and events for synagogue and within Polk County community - both at the synagogue and away.

FOR OFFICIAL USE ONLY

MEMBER NAME _____

Membership Committee: Comments/Approval

Spiritual Leader: Comments/Approval

BOARD APPROVAL DATE: _____