



12166 Conway Road, Creve Coeur, MO 63141
 (314) 432-5877 ■ Fax (314) 432-7862 ■ www.testl.org

APPLICATION FOR MEMBERSHIP

We are pleased you are joining Temple Emanuel, a congregation in the Reform Jewish tradition. Please accept our invitation to make Temple Emanuel not only your house of worship, but a part of your family, a place of learning and a setting to meet new friends. By filling out this form as completely as possible, you will help us serve your needs to the best of our ability. Any information you provide will be kept confidential.

Personal Information

	ADULT APPLICANT 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	ADULT APPLICANT 2 <input type="checkbox"/> Male <input type="checkbox"/> Female
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____
Full Name:		
Preferred Name/Nickname:		
Hebrew Name (if known):		
Date of Birth:		
Birthplace:		
Community/Volunteer Involvement:		
Personal Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married (Date: ____/____/____) <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	

Contact Information (Please print legibly.)

How would you like your name(s) to appear on Temple mailings? We will do our best to accommodate your request within our system capabilities.

Name(s): _____

Home address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Cell Phone Adult Applicant 1: _____ Cell Phone Adult Applicant 2: _____

Email Adult Applicant 1: _____ Email Adult Applicant 2: _____

I would like to receive the weekly Temple email and other electronic communications.

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Religious Background

	Adult Applicant 1	Adult Applicant 2
Religious background in which you were raised:	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Other _____ <input type="checkbox"/> Jewish unaffiliated	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Other _____ <input type="checkbox"/> Jewish unaffiliated
If you became Jewish as an adult, please list date, congregation & city.		
Bar/Bat Mitzvah (if applicable) <i>Please list date, congregation & city.</i>		
Have you ever been a member of another synagogue? If so, when?		
Please list any relatives/friends who are members of Temple Emanuel:		

Business Information

	Adult Applicant 1	Adult Applicant 2
Occupation/Title:		
Area of specialization:		
Employer:		
Address:		
City, State, Zip:		
Business Phone:		
Business Fax:		
Business Email:		

Yahrzeit Information

(Please fill out all fields.)

Name	Date of death	Family Relationship

Please attach a separate sheet for additional names.

Children's Information

	Child 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 2 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 3 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 4 <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:				
Hebrew name:				
Birth date:				
Address, if not living with you.				
Is this child being raised Jewish?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grade level of child for Religious School at Temple Emanuel?				
Bar/Bat Mitzvah: <i>Please list date, congregation & city.</i>				
Confirmation: <i>Please list date, congregation & city.</i>				

If you have more than four children, please attach an additional page.

Opportunity for Participation

At Temple Emanuel, we believe that joining a congregation is a spiritual and emotional commitment. We encourage all congregants to become involved in all aspects of life in our congregational community. Please indicate which of these areas interest you by checking the appropriate box or boxes. Your participation will help strengthen our community and will make your temple experience more meaningful. You will be contacted by a congregation member with more information.

- | | | |
|---|---|---|
| <input type="checkbox"/> Torah Study | <input type="checkbox"/> Social Action & Mitzvah Projects | <input type="checkbox"/> Membership and Marketing |
| <input type="checkbox"/> Supper & Study | <input type="checkbox"/> Religious School Committee | <input type="checkbox"/> House and Grounds |
| <input type="checkbox"/> TE Book Club | <input type="checkbox"/> Religious School Activities & Projects | <input type="checkbox"/> Liturgy and Religious Philosophy |
| <input type="checkbox"/> Music – Choir or Instruments | <input type="checkbox"/> Holiday Celebrations and/or Decoration | <input type="checkbox"/> Budget and Finance |

Applicant 1: I, _____, am applying to become a member of Temple Emanuel.

Signature _____ Date _____

Applicant 2: I, _____, am applying to become a member of Temple Emanuel.

Signature _____ Date _____

Temple Emanuel

MEMBERSHIP AGREEMENT

CATEGORIES	40 and up	35-39	30-34	25-29	21-24
10/11 DUES	\$1,785	\$1,190	\$500	\$250	\$150

Membership Dues \$_____

Guardian Contribution \$_____

(While Temple Emanuel has no Building Fund, the Guardian Society exists for members who would like to contribute more than the full \$1750 yearly dues amount. Guardians at Level 1 give an additional \$750, Level 2 an additional \$1100, Level 3 an additional \$2050 and Level 4 an additional \$5150.)

Total Due: \$_____

The following payment options are offered at Temple Emanuel. Please check the option that fits your needs.

	PLAN	DESCRIPTION
<input type="checkbox"/>	Payment in Full	Full payment due with application/renewal form
<input type="checkbox"/>	12 Monthly Payments	Amount is debited on a monthly basis via ACH (please attached a voided check)

Payment Methods:

- **BY CHECK:** Checks should be made payable to Temple Emanuel and can be sent through the mail or brought to the Temple office.
- **BY CREDIT CARD:** Credit card payments (Visa/Mastercard) can be made at the Temple office either in person or by calling (314) 432-5877.

By signing this document, I (we) understand and acknowledge that I am (we are) responsible for the agreed upon commitment for the year ending June 30, 2012 and agree to maintain membership in good standing.

Adult 1 Signature _____ Date _____

Adult 2 Signature _____ Date _____