

*A proud member of*

Temple Israel

of Paducah

MEMBERSHIP COVENANT

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MEMBER INFORMATION

Date: Interviewer (if applicable): How did you learn about Temple Israel?

ADULT 1

Are you Jewish? ☐Yes ☐No (Temple Israel Bylaws require that at least one member of the family be Jewish.) Prefix: Last Name: First Name: MI: Address: City: State: Zip: Birthday: Hebrew Name (if applicable): Home #: Cell #: Email: Employer: Occupation: Relationship: ☐Single ☐Widow(er) ☐Partnered ☐Married (Anniversary: ) ☐Other: Secondary/Vacation Address: Ideal Contact: Email / Mail / Phone / Text / Other:

ADULT 2

Are you Jewish? ☐Yes ☐No (Temple Israel Bylaws require that at least one member of the family be Jewish.) Prefix: Last Name: First Name: MI: Birthday: Hebrew Name (if applicable): Home #: Cell #: Email: Employer: Occupation: Ideal Contact: Email / Mail / Phone / Text / Other:

PRIOR SYNAGOGUE AFFILIATION (IF ANY)

Temple Name & Location: ☐ Previously unaffiliated Number of Years: Type (Reform, Conservative, etc):

SPECIAL ACCOMMODATIONS

Please circle one: Visual Auditory Physical Mental Other:

Please indicate who needs the accommodations and how we can best serve him/her:

PERSONAL SKILLS OR TALENTS YOU ARE WILLING TO SHARE

INTERESTS OR GOALS YOU WANT TO PURSUE

SPECIAL SKILLS YOU ARE WILLING TO SHARE

Members’ children under 18 enjoy all privileges of membership without the right to vote. Each dependent child 18+ is entitled to full membership with all privileges including the right to vote. Children of members between 18 and 25 are not asked to make a financial commitment until he or she becomes financially able to do so or until he or she reaches the age of 25, whichever comes first.

CHILDREN YOUNGER THAN 25 (USE BACK FOR MORE CHILDREN)

First and Last Name: Birthday: Address (if different from yours): Gender: ☐M ☐F Phone: Email: Is this child being raised Jewish? ☐Y ☐N Will he/she be attending the Religious School? ☐Y ☐N Relationship: Single Partnered Married Widow(er) Other:

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MY COVENANT WITH TEMPLE ISRAEL

* I/We choose to join Temple Israel. I/We have read and agree to abide by Temple Israel’s Bylaws and Rules and Regulations, as updated by the Board of Trustees (attached). I/We accept the responsibility to contribute to the sustainability of Temple Israel by including the Financial Commitment and Payment Authorization Form (attached).

### PLEASE SELECT YOUR HOUSEHOLD’S MEMBERSHIP:

* Regular: Includes all privileges of membership
* Non-Resident (member in good standing now living 50+ miles away): Includes all privileges of membership
* Associate (a verifiable membership in another Synagogue and in good standing): Includes attendance at

High Holidays, classes and programs for members only, and facility rental discounts

* Friend (for non-Jewish participants): Includes attendance at all services and participation in synagogue

classes and programs.

Member Signature: Date:

# MEMBERSHIP COVENANT

FINANCIAL COMMITMENT AND PAYMENT AUTHORIZATION

## Temple Israel

To be reviewed & resubmitted annually. Financial commitments can be paid in full or on an ongoing basis. Annual financial commitments will not run past July 1 each fiscal year. Religious School tuition and payments administered separately if appropriate.

Date: Name(s): Address: City: State: Zip: Phone: Email:

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| --- |
| MEMBERSHIP ANNUAL FINANCIAL COMMITMENTS (PLEASE SELECT ONE) |
| **Regular** | * $432 ($36 per month)
* Additional Annual Support:
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| **Non-Resident****(Temple Israel member in good standing living 50+ miles away)** | * $216 ($18 per month)
* Additional Annual Support:
 |
| **Associate****(verifiable membership, in good standing, at another Synagogue)** | * $120 ($10 per month)
* Additional Annual Support:
 |
| **Friend****(non-Jewish participant(s))** | * $300 ($25 per month)
* Additional Annual Support:
 |

Thank you so much for joining Temple Israel. Everyone is welcome, regardless of their financial commitment. Our day-to-day operations-from utility bills to spiritual leadership-are dependent on your contributions and generosity. We appreciate your best efforts to support Temple Israel and its dedication to providing Reform Judaism in our community.

**My annual financial commitment to Temple Israel:**

PAYMENT SCHEDULE

* I want to pay the Annual Financial Commitment **in full**
* **Four Payments:** First payment with returned form; remaining payments October, January, and April
* **Six Payments:** First payment with return of form; remaining payments monthly for the next 5 months
* **Other:** $ per month for months

PAYMENT METHOD

* Check Enclosed (min 25% of annual commitment) ☐ Recurring Credit Card (complete below)
* Paid via [Online Payment Portal](https://www.thetemplelouky.org/payment/?payment=Make%20a%20Financial%20Commitment) ☐ Stock (contact your broker or Beverly Bradley at 270-210-7004)

CREDIT CARD INFORMATION

* Visa ☐ MasterCard ☐ Discover ☐ AMEX Card #:

Name on Card: Expiration: CVV:

Please notify Temple Israel if you need to adjust your financial commitment any time during the year. Adjusting your commitment does not change your membership status and requests remain confidential. Failure to uphold a financial commitment without notice can result in suspension of membership.

Signature: Date: