



A proud member of



**UNION for
REFORM
JUDAISM**

**Building Communities.
Reimagining Jewish Life.**

Temple Israel of Paducah

MEMBERSHIP COVENANT

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MEMBER INFORMATION

Date Application Submitted: _____
Temple Israel Member Sponsoring Applicant: _____
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

MEMBERSHIP COVENANT



HOUSEHOLD INFORMATION

Members' children enjoy all privileges of membership except the right to vote. A dependent child 18+ is entitled to full membership with all privileges including the right to vote if they opt to make their own financial commitment.

CHILDREN YOUNGER THAN 25 (USE BACK FOR MORE)

First and Last Name: _____ Birthday: _____

Address (if different from yours): _____

Gender: _____ Phone: _____ Email: _____

Is this child being raised Jewish? Y N Will he/she be attending the Religious School? Y N

First and Last Name: _____ Birthday: _____

Address (if different from yours): _____

Gender: _____ Phone: _____ Email: _____

Is this child being raised Jewish? Y N Will he/she be attending the Religious School? Y N

First and Last Name: _____ Birthday: _____

Address (if different from yours): _____

Gender: _____ Phone: _____ Email: _____

Is this child being raised Jewish? Y N Will he/she be attending the Religious School? Y N

First and Last Name: _____ Birthday: _____

Address (if different from yours): _____

Gender: _____ Phone: _____ Email: _____

Is this child being raised Jewish? Y N Will he/she be attending the Religious School? Y N

MY COVENANT WITH TEMPLE ISRAEL

I/We choose to join Temple Israel pending approval of this application by the Board of Trustees. I/We accept the responsibility to contribute to the sustainability of Temple Israel by including the Financial Commitment and Payment Authorization Form.

Member Signature: _____ Date: _____

MEMBERSHIP COVENANT

FINANCIAL COMMITMENT AND PAYMENT AUTHORIZATION



Temple Israel

To be reviewed & resubmitted annually. Financial commitments may be paid in full or on an ongoing basis and will not run past July 1 of each fiscal year. Contact the Temple Israel Treasurer to make alternative payment arrangements if needed.

Date: _____ Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

MEMBERSHIP ANNUAL FINANCIAL COMMITMENTS (PLEASE SELECT ONE)

Regular	<input type="checkbox"/> \$480 (\$40 per month) <input type="checkbox"/> Additional Annual Support: _____
Associate (verifiable membership, in good standing, at another Synagogue)	<input type="checkbox"/> \$240 (\$20 per month) <input type="checkbox"/> Additional Annual Support: _____
Friend (non-Jewish participant(s))	<input type="checkbox"/> \$300 (\$25 per month) <input type="checkbox"/> 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 total 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](#) Stock (contact your broker or the Temple Israel Treasurer)

CREDIT CARD INFORMATION

Visa MasterCard Discover AMEX Card #: _____

Name on Card: _____ Expiration: _____ CVV: _____

Please notify the Temple Israel Treasurer 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: _____