A proud member of

UNION *for* REFORM JUDAISM

Building Communities.
Reimagining Jewish Life.

Temple Israel of Paducah

MEMBERSHIP COVENANT

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MEMBERSHIP COVENANT

Temple Israel

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

_____

_____

MEMBERSHIP COVENANT

Temple Israel

Members' children under 18 enjoy all privileges of membership without 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

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: ______________

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: ______________

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: ______________

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. I/We accept the responsibility to contribute to the sustainability of Temple Israel by completing the Financial Commitment Form.

PLEASE SELECT YOUR HOUSEHOLD'S MEMBERSHIP:

☐ Regular: 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 OPTIONS

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	☐ $480 ☐ Additional Annual Support: _____
Associate (verifiable membership, in good standing, at another Synagogue)	☐ $240 ☐ Additional Annual Support:
Friend (non-Jewish participant(s))	☐ $300 ☐ Additional Annual Support: _____

Thank you so much for your interest in joining Temple Israel. 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** after my application is approved.

☐ **Other:** $ _____ per month for _____ months

PAYMENT METHOD

☐ Check Enclosed (min 25% of annual commitment)

☐ Paid via Online Payment Portal

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: _____