

CONGREGATION TEMPLE ISRAEL

*1140 W Governor St
Springfield, IL 62704
(217) 546-2841*

*Application for Membership
(Please complete and return to the Temple office.)*

Husband (or single adult male)

Wife (or single adult female)

*Name _____

*Name _____

*Address _____

*Telephone _____

*E-mail _____

Occupation _____

Occupation _____

Employer _____

Employer _____

*Work Phone _____

*Work Phone _____

Hebrew Name _____

Hebrew Name _____

Father's Hebrew Name:

Father's Hebrew Name:

Mother's Hebrew Name:

Mother's Hebrew Name:

Kohen _____ Levi _____ Yisrael _____

Kohen _____ Levi _____ Yisrael _____

*Names of children under 21 or enrolled in college:

<u>Name</u>	<u>Date of Birth</u>	<u>Hebrew Name</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* Indicates information to be listed in the Temple's membership directory. Please notify the Temple's office if you wish any information to be omitted from the directory.

Please check the line that applies to your household:

Dues

___ SINGLE ADULT \$ 705

___ SINGLE ADULT (with children) \$ 905

___ FAMILY \$ 1,130

___ I am under 30 years old and request a two-year 50% dues reduction.

It is understood that my membership entitles me to seats for my household for the High Holiday services; to such synagogue honors as may be bestowed upon me; yahrzeit and memorial services; and all privileges and rights as are provided by the Constitution and By-laws.

The congregational year is from October 1st to September 30th. A check for one-quarter dues should be submitted with this application, to be applied to the next full calendar quarter. Dues payments will be billed quarterly.

DATE _____

Applicant's Signature

In case of emergency, contact:

Name _____

Address _____

Telephone _____

Please list yahrzeits you would like to have observed:

<u>Name</u>	<u>Relationship</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you have previously been a member of a synagogue, please list the temple name and city of your primary affiliation.
