

Temple Israel of DeLand

Membership Application

2018-2019 (5778-5779)

Membership Effective July 1st of Each Year – Dues Are Not Prorated

Please check a box below indicating when your membership is effective.

- Effective Immediately
 Effective July 1st

Would you like your email address, home address or phone number shared with others?

Phone number: Yes___ No___ Home address: Yes___ No___ Email address: Yes___ No___

First Name: _____ Last Name: _____

Birthdate: _____ Spouse/S.O. Name: _____

Spouse's/S.O. Birthdate: _____ Anniversary: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

Spouse's/S.O. email address: _____

Preferred Phone #: _____ (cell / home / work)

Alternate Phone #: _____ (cell / home / work)

Bar Mitzvah Date: _____ Temple: _____

Bar Mitzvah Portion: _____

Spouse's/S.O. Bar/Bat Mitzvah Date: _____ Temple: _____

Spouse's/S.O. Bar/Bat Mitzvah Portion: _____

ALIYA INFORMATION:

Your Hebrew Name: _____

Father's Hebrew Name: _____ Mother's Hebrew Name: _____

Please check one:	<input type="checkbox"/> Kohain	<input type="checkbox"/> Levite	<input type="checkbox"/> Israelite
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Spouse's/S.O. Hebrew Name: _____

Spouse's/S.O. Father's Hebrew Name: _____

Spouse's/S.O. Mother's Hebrew Name: _____

Please turn over . . .

TEMPLE ISRAEL OF DELAND
Mailing Address: Post Office Box 1808, DeLand, Florida 32721-1808
Location: 1001 E. New York Avenue (32724)
386-736-1646
www.templeisraelofdeland.org
(A Not-For-Profit)

CHILDREN

Name [English]	Hebrew	M/F	Birthdate	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Yahrzeits (please indicate day or night for each date, if known)

Name [English]	Hebrew	Relationship	Date of Death	A.M. or P.M.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MEMBERSHIP PAYMENTS

Please check one of the following

- _____ Family Membership \$600/year
- _____ Single Membership \$300/ year
- _____ Family "Associate" Membership \$300/year
- _____ Single "Associate" Membership \$150/year

I wish to make these membership payments:

- _____ Annually
- _____ Semi-Annually
- _____ Quarterly
- _____ Monthly
- _____ PayPal [through website; please ADD 2.9% to your dues]

Please make checks payable to: **TEMPLE ISRAEL OF DELAND**

Signature: _____ Date: _____

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