

PLEASE PRINT, FILL OUT BOTH SHEETS, AND RETURN TO TEMPLE EMANU-EL



Temple Emanu-El
 809 4th Ave., Tuscaloosa, AL 35401
E-mail: templeemanuel.tuscaloosa.com
Phone: 759-3032 Fax: 759-3131

Application for Membership

Welcome to Temple Emanu-El. We are delighted you have chosen to be a part of our community. Please call the synagogue office or email us if you have any questions or need assistance. We look forward to getting to know you and hope your experience with Temple Emanu-El will be positive.

Personal Information:

	Adult Applicant 1 ____ male ____ female	Adult Applicant 2 ____ male ____ female
Full Name(s)	_____	_____
	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:
Nickname or preferred name(s)		
Personal Status	<input type="checkbox"/> Single <input type="checkbox"/> Married _____(date) <input type="checkbox"/> other	<input type="checkbox"/> Single <input type="checkbox"/> Married _____(date) <input type="checkbox"/> other
Birthdate(s) (year is optional)		
Newcomers only: former congregation, city, state		
Special Accommodations needed? If yes, please state what they are. <i>Example: Need large print siddur</i>		
Hebrew name (If you do not have one, please tell us if you would like one).		

Names, birthdates, and school grades of children in household	
I (we) are interested in receiving information about	<input type="checkbox"/> Religious School <input type="checkbox"/> Adult Education <input type="checkbox"/> WRJ Sisterhood <input type="checkbox"/> Men's Club <input type="checkbox"/> Pending B'nai Mitzvah <input type="checkbox"/> Conversion <input type="checkbox"/> Temple governance <input type="checkbox"/> Other:

PLEASE SEE NEXT PAGE

Contact Information:

Name(s) _____

Street/City/zip: _____

Mailing Address if different: _____

Home phone: _____ Fax no: _____ Office phone(s) _____

Cell phone (applicant 1) _____ Cell phone (applicant 2) _____

Email (applicant 1) _____ Email (applicant 2) _____

I (we) would like to receive synagogue communications via email. (applicant 1) yes no (applicant 2) yes no

Professional Information

	Adult Applicant 1	Adult Applicant 2
Occupation/Title		
Employer/ retired		

Yahrzeit Information

Name:	Date of Death (before/after sundown) (Specify if date is from secular or Hebrew calendar)	Family Relationship	Name is already on a Temple Emanu-El Memorial Plaque (yes/no)

Please attach a separate sheet for additional yahrzeit names. I would like information about memorial plaques

Emergency Contacts (ex: adult children)

Name	City/State	Phone(s)

I (we) wish to apply for membership in Temple Emanu-El of Tuscaloosa, AL. in one of the following categories:

- Family (\$1300/year) Single (\$650/year)
- Senior family (age 65+) (\$1040/year) Senior single (age 65+) (\$520/year)
- Associate (for those with full membership in another synagogue—50% of applicable category) Name and address of synagogue in which you have full membership: _____
- Currently enrolled student (complimentary)

Our fiscal year is September 1-August 31. *Newcomer membership may be prorated at the Board's discretion if arrival is on or after March.*

I (we) agree to be billed for dues Annually Quarterly Monthly (e-mail only) and understand that arrears may, at the discretion of the Board, result in loss of membership privileges.

PLEASE READ THE FOLLOWING CAREFULLY: Temple Emanu-El is a Reform Jewish congregation, affiliated with the Union for Reform Judaism. We welcome Jewish individuals, and families with at least one Jewish adult, who identify with any of the branches of Jewish practice, whether Reform, Conservative, Orthodox, or Reconstructionist. While all are welcome to attend our Sabbath services, we cannot offer membership privileges to those who identify with Messianic Judaism.

I (we) agree to the terms stated above

Signed (APPLICANT(S)) _____ Date: _____

Co-signed (BOARD-DESIGNATED REPRESENTATIVE OF TEMPLE EMANU-EL) _____

Please take a moment to let us know in which areas of Temple Emanu-El you would be willing to volunteer your time and talents. If there are two adult Temple members in your household, please respond for each of you. Names: Applicant 1 _____ Applicant 2 _____

Participation:	#1	#2
Sisterhood	<input type="checkbox"/>	<input type="checkbox"/>
Men's Club	<input type="checkbox"/>	<input type="checkbox"/>
Leading Services	<input type="checkbox"/>	<input type="checkbox"/>
Adult Education	<input type="checkbox"/>	<input type="checkbox"/>
Temple Board	<input type="checkbox"/>	<input type="checkbox"/>

Assisting with Events		
Holiday onegs/ special events	<input type="checkbox"/>	<input type="checkbox"/>
Library	<input type="checkbox"/>	<input type="checkbox"/>
Providing transportation	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising events	<input type="checkbox"/>	<input type="checkbox"/>

Serving on Temple Committees		
Adult Education	<input type="checkbox"/>	<input type="checkbox"/>
Bulletin	<input type="checkbox"/>	<input type="checkbox"/>
Cemetery	<input type="checkbox"/>	<input type="checkbox"/>
Decorating for events	<input type="checkbox"/>	<input type="checkbox"/>
Fund Raising	<input type="checkbox"/>	<input type="checkbox"/>
Membership	<input type="checkbox"/>	<input type="checkbox"/>
Religious School	<input type="checkbox"/>	<input type="checkbox"/>
Social Action/Social Justice	<input type="checkbox"/>	<input type="checkbox"/>
Website	<input type="checkbox"/>	<input type="checkbox"/>
Hospitality	<input type="checkbox"/>	<input type="checkbox"/>

Professional Skills, Talents, and Interests		
Certified Educator	<input type="checkbox"/>	<input type="checkbox"/>
Cooking/Baking	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>
Painting/Art	<input type="checkbox"/>	<input type="checkbox"/>
Gardening	<input type="checkbox"/>	<input type="checkbox"/>
Carpentry	<input type="checkbox"/>	<input type="checkbox"/>
Travel	<input type="checkbox"/>	<input type="checkbox"/>
Knitting /Sewing	<input type="checkbox"/>	<input type="checkbox"/>
Israeli/other Folk Dancing	<input type="checkbox"/>	<input type="checkbox"/>
Photography	<input type="checkbox"/>	<input type="checkbox"/>
Public Relations	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please tell us!)	<input type="checkbox"/>	<input type="checkbox"/>

Volunteering	#1	#2
Baking	<input type="checkbox"/>	<input type="checkbox"/>
Choir	<input type="checkbox"/>	<input type="checkbox"/>
Community outreach		
Meals on Wheels	<input type="checkbox"/>	<input type="checkbox"/>
Caring Days	<input type="checkbox"/>	<input type="checkbox"/>
Turning Point	<input type="checkbox"/>	<input type="checkbox"/>
WA Food Bank	<input type="checkbox"/>	<input type="checkbox"/>
Sisterhood Gift Shop	<input type="checkbox"/>	<input type="checkbox"/>
Temple Historian	<input type="checkbox"/>	<input type="checkbox"/>
Hospital Visitation	<input type="checkbox"/>	<input type="checkbox"/>
Library	<input type="checkbox"/>	<input type="checkbox"/>
Parking on Game Days	<input type="checkbox"/>	<input type="checkbox"/>
Religious School volunteer	<input type="checkbox"/>	<input type="checkbox"/>
Technology support	<input type="checkbox"/>	<input type="checkbox"/>
Telephone Tree (Sisterhood)	<input type="checkbox"/>	<input type="checkbox"/>
Typing / editing	<input type="checkbox"/>	<input type="checkbox"/>
Youth Group	<input type="checkbox"/>	<input type="checkbox"/>
Other (as needed)	<input type="checkbox"/>	<input type="checkbox"/>

Would you be interested in presenting a program in your area of professional expertise?