



TEMPLE ISRAEL OF LAWRENCE

140 Central Avenue
Lawrence, NY 11559



Getting to Know You...

Welcome home -- to your Temple Israel family! We are honored and thrilled to open our hearts and home to you. ***Inspire through purpose, Be known by love*** -- that is our congregational *shema*. Inspiration, purpose, love -- these are the goals of every gathering, every service, every effort we make. Whether in our Worship Committee or our Board of Trustee meetings, every experience at Temple Israel has the mission fulfilling our *shema*.

Temple Israel is a great place to explore your spiritual yearnings and deepen your Jewish identity. Our promise is that your Temple Israel family will help you explore life's big questions, provide comfort during life's great challenges and bring joy to every family simcha. Never hesitate to reach out to our clergy, staff, or lay leaders. All are here to assist you in any aspect of the extraordinary and miraculous spiritual journey that we call -- life.

All information in this application will be treated confidentially. Please call our office at (516) 239-1140 if you have any questions at all or need assistance in filling out this application.

L'Shalom,

Jay Rosenbaum
Rabbi Jay Rosenbaum



Temple Israel of Lawrence Membership Application

140 Central Avenue
Lawrence, NY 11559
Phone: (516) 239-1140

Website: <https://tilny.org>
Facebook: @TILNY.ORG
Instagram: @TILNY_ORG
Twitter: @TILNYORG

Member 1 Information

Gender _____ Title _____ Marital Status _____

First Name _____ Last Name _____

F. N. you wish to be addressed by if different from above _____

Full Address
City, State, Zip _____

Date of Birth _____ Place of Birth _____

Email _____ Cell Phone _____

Home Phone _____ Work Phone _____

Occupation _____

Hebrew Name _____ (Would you like one?)

Secondary Address _____

What social media accounts do you have?

Were you born Jewish or have you converted or are in the process of converting to Judaism? _____ Yes _____ No

Member 2 Information

Gender _____ Title _____ Marital Status _____

First Name _____ Last Name _____

F. N. you wish to be addressed by if different from above _____

Full Address
City, State, Zip _____

Date of Birth _____ Place of Birth _____

Email _____ Cell Phone _____

Home Phone _____ Work Phone _____

Occupation _____

Hebrew Name _____ (Would you like one?)

Secondary Address _____

What social media accounts do you have?

Were you born Jewish or have you converted or are in the process of converting to Judaism? _____ Yes _____ No

Please enter the name and info of a parent if he/she is not part of the membership unit:

Mother or Father _____

Full Address
City, State, Zip _____

Email _____ Cell Phone _____

Home Phone _____ Work Phone _____

Family Emergency Contact Information:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Children's Information (Please use an additional sheet of paper as needed)

Child 1 Gender _____

First _____ Middle Name _____

Last Name _____ (if different)

Hebrew Name _____ Does your child need one? _____

Date of Birth _____ Grade _____

Address (if not living with you) _____

Is this child being raised in the Jewish faith only? _____

When will your child be a student in our Religious school or Hebrew High School? _____

Is there anything else we should know about your child? _____

Child 2 Gender _____

First _____ Middle Name _____

Last Name _____ (if different)

Hebrew Name _____ Does your child need one? _____

Date of Birth _____ Grade _____

Address (if not living with you) _____

Is this child being raised in the Jewish faith only? _____

When will your child be a student in our Religious school or Hebrew High School? _____

Is there anything else we should know about your child? _____

Yahrzeits

The names will be recited during the Kaddish prayer (the prayer for the dead) as a token of loving remembrance at the Shabbat service on Friday and Saturday morning following their Yahrzeit date. Do you want to observe the Secular or Hebrew Date? _____

Yahrzeit Information

Name _____ Date of Death _____
Before/After Sundown

Relationship to: _____

Name _____ Date of Death _____
Before/After Sundown

Relationship to: _____

Temple Israel of Lawrence Membership Agreement

On behalf of the Officers, Trustees, Clergy and the entire Congregation, we welcome you to our Temple Israel community. Please read the information that follows as it will give you a clearer understanding of both our membership policies and fee structure.

Each year, for as long as you wish to maintain a membership, you will be asked to pay such dues as may be fixed by the Board of Trustees. Dues and most fees will be billed for the entire year on or about **July 1st**.

If at any time you find it necessary to terminate your membership, you must inform us in writing, no later than thirty (30) days after the beginning of that new Membership year, which is **July 1st**.

Families must be members in good standing, and children must be registered in our Religious School to be eligible for both Bar/Bat Mitzvah and Confirmation. There are Bar/Bat Mitzvah fees, as set by the Board of Trustees.

Members joining the Congregation are required to pay one-half of their membership dues prior to receiving High Holiday tickets. It is required that the entire bill be paid in full no later than **June 30th** of the Membership year in which it was rendered to remain a member in good standing. The timely payment of bills is crucial if Temple Israel is to keep its costs and charges in line.

Should any other questions arise regarding your membership in Temple Israel, please do not hesitate to contact our Executive Director at (516) 239-1140, ext. 109.

I/we acknowledge that the Temple relies on membership contributions, including my/our contribution, in furtherance of its charitable purposes and that it will incur expenses in so relying and will suffer material detriment if I/we do not honor our commitment. Therefore this agreement is valid and enforceable and may not be revoked or amended without the consent of Temple Israel. All Membership dues, donations, and Bar/Bat Mitzvah and Confirmation fees regardless of attendance or participation are due in accordance with their respective timetables as agreed between the Temple and the member.

ADULT 1

Signature _____ Date _____

Print Name _____

ADULT 2

Signature _____ Date _____

Print Name _____

Opportunity for Participation

Please indicate which of these areas interest you or a member of your family by checking or circling the appropriate box or boxes. You will be contacted to learn more about these opportunities by fellow members of our community who share these interests.

- | | | |
|---|--|---|
| <input type="checkbox"/> Adult Bar/Bat Mitzvah | <input type="checkbox"/> Cultural Events | <input type="checkbox"/> Ritual Planning |
| <input type="checkbox"/> Adult Learning | <input type="checkbox"/> Event Planning | <input type="checkbox"/> Singles Programs |
| <input type="checkbox"/> Assisting with office work | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Social Action |
| <input type="checkbox"/> Budget and Finance | <input type="checkbox"/> Interfaith Groups | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Caring Committee | <input type="checkbox"/> LGBTQ+ Group | <input type="checkbox"/> Torah Study |
| <input type="checkbox"/> Choir/Music | <input type="checkbox"/> Mitzvah Projects | <input type="checkbox"/> Youth Activities |
| <input type="checkbox"/> Communication & Publicity | <input type="checkbox"/> Religious School | <input type="checkbox"/> Other |
- Activities _____

Talents and Interests

- | | | |
|---|---|--|
| <input type="checkbox"/> Art | <input type="checkbox"/> Hiking | <input type="checkbox"/> Sewing/Needlework |
| <input type="checkbox"/> Acting/Performing | <input type="checkbox"/> Jewelry Making | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Baking | <input type="checkbox"/> Knitting | <input type="checkbox"/> Running/Walking |
| <input type="checkbox"/> Biking | <input type="checkbox"/> Mah Jongg | <input type="checkbox"/> Singing |
| <input type="checkbox"/> Canasta/Bridge | <input type="checkbox"/> Movies/Film | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Music | <input type="checkbox"/> Storytelling |
| <input type="checkbox"/> Computer Programming | <input type="checkbox"/> Painting | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Dancing/solo, couple | <input type="checkbox"/> Photography | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Football | <input type="checkbox"/> Poker | <input type="checkbox"/> Traveling |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Puzzles | <input type="checkbox"/> Yoga |

Other special skills you would like to share with us? _____

Please list any family or friends who are already members of Temple Israel.

To what organizations or community groups do you belong?

Is there anything else you would like us to know about you and your family? Special needs, immigration family connection in the Holocaust, Aliyah, etc.

Why did you join Temple Israel?

We are delighted to have you in our community at Temple Israel of Lawrence!