

Temple Israel of DeLand

Membership Application

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

THERE IS A THREE MONTH PROBATION PERIOD FOR ALL NEW APPLICANTS. AT THE END OF THREE MONTHS, THE BOARD WILL VOTE ON ACCEPTANCE OF THE APPLICANT.

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:	Kohain <input type="checkbox"/>	Levite <input type="checkbox"/>	Israelite <input type="checkbox"/>
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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: _____

Turn page 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)

Effective June 29, 2023

CHILDREN

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

YAHARZEITS (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 \$650/year
- Single Membership \$325/ year
- * Family "Associate" Membership \$325.00/year
- * Single "Associate" Membership \$162.50/year

[NOTE: An "Associate Membership" is for a full time member at another Temple. Please provide the name and location of the full time Temple you currently attend:]

I wish to make these membership payments:

- Annually
- Semi-Annually
- Quarterly
- Monthly
- PayPal [through website; please **ADD 3%** to your dues]

Please make checks payable to: TEMPLE ISRAEL OF DELAND and **mark the check as "dues"**.

Signature: _____

Date: _____

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