

Temple Israel of DeLand

Membership Application

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)

ALIYA INFORMATION:

Your Hebrew Name: _____

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

Please check one:	Kohain	Levite	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: _____

Effective July 1, 2025

CHILDREN (STILL AT HOME)

Name [English]	Hebrew	M/F	Birthdate	Grade

YAHARZEITS (please indicate day or night for each date, if known) Immediate family members will be always mentioned during those respective dates.

Name [English]	Hebrew	Relationship	Date of Death	AM/PM

All Memberships are effective July 1st or prorated based on month becoming a member.

MEMBERSHIP DUES

Please check one of the following:

	Membership Type	Dues	Select
	Family Membership	\$950/year	
	Single Membership	\$475/ year	
	Single Under 35 Membership	\$125/ year	
*	Family "Associate" Membership	\$425/year	
*	Single "Associate" Membership	\$212.50/year	
**	Family Affiliate Membership	\$425/year	
**	Single Affiliate Membership	\$212.50/year	

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

Name and Location: _____

**An "Affiliate Membership is for a family or individual who is not Jewish, but wishes to belong to our Temple. (Neither Memberships come with voting privileges.)

I wish to make these membership payments: (can be done on the website for an additional fee)

Annually	
Semi-Annually	
Quarterly	
Monthly	

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

Signature: _____ Date: _____

TEMPLE ISRAEL OF DELAND
 Payment Mailing Address: PO Box 1808, DeLand, Florida 32721-1808
 Location: 1001 E. New York Avenue, DeLand, Florida 32724
 386-736-1646
<https://www.templeisraelofdeland.org/>
 (A 501(c)3 Religious Organization)

Effective July 1, 2026