

# 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 ☐ )

Bar/Bat Mitzvah Date: \_\_\_\_\_ Temple: \_\_\_\_\_

Bar/Bat 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 ☐

Levite ☐

Israelite ☐

Spouse's/S.O. Hebrew Name: \_\_\_\_\_

Spouse's/S.O. Father's Hebrew Name: \_\_\_\_\_

Spouse's/S.O. Mother's Hebrew Name: \_\_\_\_\_

### 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 Not-For-Profit)

Effective July 1, 2025

## 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.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

- ☐ Effective July 1 (for a full year)  
☐ Effective January 1 (for a half year)

**ANNUAL MEMBERSHIP** runs from July 1 through June 30th.

**A HALF YEAR MEMBERSHIP** runs from January 1 through June 30.

## MEMBERSHIP PAYMENTS

Please check one of the following

- ☐ Family Membership \$850/year  
☐ Family Under 35 Membership \$250/year  
☐ Single Membership \$425/ year  
☐ Single Under 35 Membership \$125/ year  
☐ \* Family "Associate" Membership \$375/year  
☐ \* Single "Associate" Membership \$187.50/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:]

Name and Location: \_\_\_\_\_

\*\*\*\*\*

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 Not-For-Profit)

Effective July 1, 2025