

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 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 December 18, 2023

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 \$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:]**

Name and Location: _____

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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