

SEPHARDIC TEMPLE TIFERETH ISRAEL
Membership Application

10500 Wilshire Blvd.
Los Angeles, CA 90024
(310) 475-7000 FAX (310) 470-9238

PLEASE PRINT

MALE				
NAME	MR/DR			
		Last	First	Middle
				Hebrew Name
FEMALE				
NAME	MR/MRS/DR			
		Last	First	Middle
				Hebrew Name

RESIDENCE

	Street	City	Zip
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Home Phone	Fax #	Email
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MARITAL STATUS: Single – Married – Divorced – Widowed Anniversary / /

(Circle One) Mo. Day Year

All mail will be sent to residence unless otherwise specified. _____

MALE DATE	FEMALE DATA
Date Of Birth _____	Date Of Birth _____
Are you Jewish? _____ YES _____ NO	Are you Jewish? _____ YES _____ NO
Occupation _____	Occupation _____
Firm Name _____	Firm Name _____
Address _____	Address _____
City & Zip _____	City & Zip _____
Phone _____ Fax _____	Phone _____ Fax _____
Type Of Business _____	Type Of Business _____
Job Title _____	Job Title _____

PREVIOUS MEMBERSHIP OR AFFILIATION IN JEWISH ORGANIZATION OR SYNAGOGUE (If Any)

WERE YOU CONNECTED WITH ANY RABBI PRIOR TO THIS CURRENT APPLICATION?

Have you been active in Temple Life? _____ If so, in what Capacity? _____

RELATIVES WHO ARE MEMBERS OF SEPHARDIC TEMPLE TIFEREH ISRAEL

NAME	RELATIONSHIP

CHILDREN

CHILD'S FULL NAME (First, Middle, Last)	SEX	DATE OF BIRTH	HEBREW NAME	SCHOOL ENROLLMENT (If Applicable)

(Please circle one) School Enrollment: Hebrew School (Afternoon) Confirmation/High School (Post B'nai Mitzvot)

ADULT CHILDREN

NAME AND SPOUSE (If Any)	DATE OF BIRTH	ADDRESS

LIST OF DEPARTED FOR ANIOS (YAHZEIT) NOTIFICATION

NAME OF DECEASED	DATE OF DEATH	HEBREW NAME	RELATIONSHIP (To Which Member)

We encourage all members of the congregation to take an active part in Temple Life. We would very much like you to choose one or more areas in which you might have an interest. Please indicate male (M) or female (F) or both (M-F).

EDUCATION

- _____ Family and Adult Programs
- _____ Parent Association
- _____ Choir
- _____ Adult B'nai Mitzvah
- _____ LASHA
- _____ SEC

SERVICES

- _____ Membership
- _____ Sisterhood
- _____ Havurah
- _____ Senior Group
- _____ Office Volunteer
- _____ Hospitality
- _____ Havurah Committee

WAYS AND MEANS

- _____ Purim Carnival
- _____ Ad Book / Bulletin
- _____ Dinner Dances

I/WE WOULD LIKE TO JOIN A HAVURAH _____ **YES** _____ **NO**

SPECIAL TALENTS, SKILLS AND INTERESTS: _____

MEMBERSHIP WILL REMAIN IN EFFECT UNLESS NOTIFIED IN WRITING

For Membership Year _____ to _____

Sephardic Temple Tifereth Israel membership is based on a calendar year from January 1st through December 31st. Any person joining the Temple between July 1st and December 31st will pay the FULL MEMBERSHIP DUES AND THE BUILDING FUND for the calendar year that they join the Temple. On the 1st of January of the following year, the member(s) will be billed for ½ OF THEIR MEMBERSHIP DUES and THE FULL BUILDING FUND for the New Year. Therefore, after the first 1½ year of Membership Dues, the member(s) will have paid 1½ years of membership and 2 years of the Building Fund. (The Temple does not prorate the Building Fund.)

	<u>Membership Type</u>	<u>Amount</u>
*Annual Membership Dues (See enclosed Categories)		\$ _____
Building Fund		\$ _____
Security		\$ _____
	TOTAL	\$ _____

BALANCE TO BE PAID AS FOLLOWS (PLEASE INDICATE METHOD OF PAYMENT): 1. _____ 2. _____

1. One (1) payment 100% (Check or Credit Card)

2. VISA / MASTERCARD / AMERICAN EXPRESS

Card Number _____ Expiration Date _____

Amount to be charged now \$ _____

Additional amounts to be charged \$ _____ X 3 payments in 3 consecutive months

I hereby subscribe to the purposes of Sephardic Temple Tifereth Israel as stated in the Temple's By-Laws, namely to worship God in accordance with the Jewish Faith, to promote the cultural and spiritual welfare of it's members as Jews and as members of the general community, and to advance the Jewish tradition.

Signature of Applicant

Signature of Applicant

Date

**All School Fees must be paid, in full at the time of enrollment.
(See Talmud Torah Registration Application for PAYMENT OPTIONS)**

OFFICE USE ONLY:

Sponsors: 1. _____ 2. _____

Approved: Rabbi _____ Office _____ Membership V.P. _____

