

# New Member Application

July 2018-June 2019



1080 E. Janss Road • Thousand Oaks, CA 91360

Date \_\_\_\_\_

Membership # \_\_\_\_\_

## FAMILY RECORD

Family Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Marital Status:  Single  Divorced  Separated  Widowed  Married Anniversary Date \_\_\_\_\_

	Adult Male	Adult Female
Full Name (Dr., Mr., Mrs., Ms., etc)		
Date of Birth		
Occupation or Profession		
Business Name		
Business Address		
Business Phone		
Cell Phone		
List relationship to any member of		
Religious tradition in which you were raised (optional)	Reform      Conservative      Orthodox Reconstructionist      Non-practicing Non Jewish (If so, did you convert to Judaism?) <input type="checkbox"/> No <input type="checkbox"/> Yes Date of conversion _____	Reform      Conservative      Orthodox Reconstructionist      Non-practicing Non Jewish (If so, did you convert to Judaism?) <input type="checkbox"/> No <input type="checkbox"/> Yes Date of conversion _____
Hebrew Name	Ben      ve	Bat      ve
Have you been a member of any other congregation in the past 5 years? If so, which		
Areas of Jewish expertise		
Other Jewish Organization Affiliations (Hadassah, Jewish Federation, ORT etc.)		

(Detailed information about each member enables us to provide activities which better meet the needs of our all members. Your religious backgrounds are requested for statistical purposes and will be held in the strictest confidence.)

Name \_\_\_\_\_

<b>CHILDREN</b> - please fill in the following information as it applies to each of your children				
First Name				
Middle Name				
Surname (if different)				
Hebrew name				
Birth date				
Male / Female				
If student, name and grade of school				
Are your children attending TEC (circle)				
Pre-school (ECEC)	Yes      No	Yes      No	Yes      No	Yes      No
Religious School	Yes      No	Yes      No	Yes      No	Yes      No
Date of Bar/Bat Mitzvah				
Name of his/her spouse (if married)				

*(Please attach additional sheet with identical information for additional children)*

What motivated your joining TEC? Please check all appropriate answers:

- Newspaper Ads     
 Phone Book Ads     
 Friends     
 Other (list below)

\_\_\_\_\_

\_\_\_\_\_

Do you know other people interested in joining our congregation? Please list their names and phone numbers.

\_\_\_\_\_

\_\_\_\_\_

**PERSONS TO CONTACT IN CASE OF EMERGENCY**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Yahrzeit Records**

English Name				
Hebrew Name				
Relationship to whom				
Secular Date of Death				
Before or After Sundown				
Hebrew Date of Death				

## INTERESTS

There are many ways of getting involved in Temple life and volunteering is a great way to start. Maybe you have a special interest or talent that can be helpful to one of the many committees and departments at TEC. We are always looking for members to get more involved.

Please review the following list and indicate any areas in which you would like to become involved. This information will be distributed to the appropriate committee chairperson who will contact you or feel free to contact the Temple office if you have any questions.

	Adult Male	Adult Female		Adult Male	Adult Female
<b>BINGO</b>			Mentor Family (welcoming new families)		
Thursday nights at TEC			Telephone Calls		
<b>RELIGIOUS SCHOOL</b>			Schmoozing		
Education Committee			<b>MARKETING</b>		
Religious School Activities			Advertising		
Religious School Special Programs			Photography		
<b>PRE-SCHOOL</b>			Public Relations Writing Skills		
Education Committee			<b>OFFICE VOLUNTEER</b>		
Infant/Toddler Programs			Clerical Skills		
Pre-School Special Programs			Computer Data entry skills		
<b>USY (United Synagogue Youth)</b>			Organizational Skills		
USY Committee			<b>SPECIAL COMMITTEES</b>		
USY Program Volunteer			Feeding the Homeless		
Purim Carnival			Mitzvah Committees (Helping others in our congregation in time of need)		
<b>CLUBS</b>			Social Action (Helping others outside of our congregation)		
Adult Education			Social Events Programming		
Book Club			Strategic Planning Committee (planning for the future of TEC)		
TECeniors (seniors programs)			<b>SPECIAL SKILLS</b>		
<b>MEN'S CLUB</b>			Accounting		
Men's Club Activities			Art & Design		
Transportation (Seniors/Special needs)			Collections		
<b>Women of TEC</b>			Fundraising		
Baking and Food Preparation			Jewish Family Life Education		
Gift Shop Volunteer			Legal		
Women of TEC Programs			Teaching		
<b>MEMBERSHIP</b>					
Havarah					

Please indicate the best time for you to be contacted AM \_\_\_ PM \_\_\_

Any further questions can be sent by email to [office@templetzchaim.org](mailto:office@templetzchaim.org)

# Membership Application & Payment Agreement

## July 1, 2017-June 30, 2018



Membership Category:				Account Number:	
FEES					TOTAL DUE
1. Membership <i>(Transfer the Total for your Membership Category from the Annual Fee Schedule.)</i>					
2. Facility Maintenance Fee					
3. Religious School	Grade	Fee	Classroom Materials Fee		
	Child 1 _____	_____	+ _____		
	Child 2 _____	_____	+ _____		
	Child 3 _____	_____	+ _____		
	Child 4 _____	_____	+ _____		
Total Religious School Fees + Classroom Materials Fees <i>(list additional children on separate page)</i>					
4. Confirmation Program	Grade	Fee	Classroom Materials Fee		
	Child 1 _____	_____	+ _____		
	Child 2 _____	_____	+ _____		
Total Confirmation Program Fees + Classroom Materials Fees					
5. Bar/Bat Mitzvah Tutoring Fees <i>(list additional children on separate page)</i>					
6. Additional Voluntary Contributions to help offset fees of those members in financial need					
7. Total Fees <i>(Add Lines #1 through #6)</i>					
8. Minimum Deposit Due Now <b><i>(1/3 of Line #7)</i></b>					
9. USY & Kadima Dues <i>(completed application required)</i>					
10. High Holidays – Reserved Seats & Admission for Non-Members or Relatives of Members <i>(reservation form required)</i>					
11. High Holidays Child Care <i>(reservation form required)</i>					
<b>12. TOTAL AMOUNT DUE NOW <i>(Total Lines #8 through #11)</i></b>					
13. TOTAL BALANCE to be billed <i>(Line #7 minus Line #8)</i>					
Annually – billed in <b>1</b> payment in _____ (month)					
Semi-Annually – billed in <b>2</b> payments					
Quarterly – billed in <b>4</b> payments beginning _____ (month)					
"Monthly" – to be billed in 10 payments					

Please check option A or B and include your signature to indicate your method of payment:

- A. \_\_\_\_\_ I will be paying by cash or check.
- B. \_\_\_\_\_ I will be paying by Visa or MasterCard. I authorize TEC to charge my credit or check card.

Any portion of the fees can be charged on Visa or MasterCard. Complete the card information below, or if you prefer, come into the office with your card or pay by phone.

Card # \_\_\_\_\_ Expiration \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
SIGNATURE REQUIRED

\_\_\_\_\_  
Date