

New Member Application

July 2019 - June 2020



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 _____

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

Membership Application & Payment Agreement

July 1, 2019 - June 30, 2020



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 <i>(1/3 of Line #7)</i>					
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>					
12. TOTAL AMOUNT DUE NOW <i>(Total Lines #8 through #11)</i>					
13. TOTAL BALANCE to be billed <i>(Line #7 minus Line #8)</i>					
Annually – billed in 1 payment in _____ (month)					
Semi-Annually – billed in 2 payments					
Quarterly – billed in 4 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