

# New Member Application

## July 2020 - June 2021



1080 E. Janss Road • Thousand Oaks, CA 91360

### FAMILY RECORD

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

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

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

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

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

	Adult 1	Adult 2
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 temple member.		
Religious tradition in which you were raised	Jewish Non Jewish (If so, did you convert to Judaism?) <input type="checkbox"/> No <input type="checkbox"/> Yes	Jewish Non Jewish (If so, did you convert to Judaism?) <input type="checkbox"/> No <input type="checkbox"/> Yes
Hebrew Name		
Have you been a member of any congregation in the past 5 years? If so, which one?		
Areas of Jewish expertise (Read Torah, chant Haftarah, etc.)		
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				
Gender				
If student, name and grade of school.				
Are your children attending TEC (circle)				
Pre-school (ECE)	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:

- Family/Friends     
 Newspaper Ads     
 Social Media (list below)     
 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 _____

**YAHRTZEIT RECORDS**

English Name				
Hebrew Name				
Relationship to whom				
Secular Date of Death				
Before or After Sundown				
Hebrew Date of Death (if known)				

## 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 1	Adult 2		Adult 1	Adult 2
<b>RELIGIOUS SCHOOL</b>			<b>MEMBERSHIP</b>		
Education Committee			Havurah		
Religious School Activities			Membership Committee		
Religious School Special Programs			<b>MARKETING</b>		
<b>PRE-SCHOOL</b>			Advertising		
Education Committee			Photography		
Infant/Toddler Programs			Public Relations Writing Skills		
Pre-School Special Programs			<b>OFFICE VOLUNTEER</b>		
<b>USY (United Synagogue Youth)</b>			Clerical Skills		
USY Committee			Computer Data entry skills		
USY Program Volunteer			Organizational Skills		
Purim Carnival			<b>SPECIAL COMMITTEES</b>		
<b>CLUBS</b>			Feeding the Homeless		
Adult Education			Mitzvah Committees (Helping others in our congregation in time of need)		
Book Club			Social Action (Helping others outside of our congregation)		
TECeniors (seniors programs)			Social Events Programming		
<b>MEN'S CLUB</b>			Strategic Planning Committee (planning for the future of TEC)		
Men's Club Activities			<b>SPECIAL SKILLS</b>		
Transportation (Seniors/Special needs)			Accounting		
<b>Women of TEC</b>			Art & Design		
Baking and Food Preparation			Collections		
Gift Shop Volunteer			Fundraising		
Women of TEC Programs			Jewish Family Life Education		
<b>BINGO</b>			Legal		
Thursday nights at TEC			Teaching		

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

# Membership Application & Payment Agreement

## July 1, 2020 - June 30, 2021



<b>Membership Category:</b>				<b>Account Number:</b>			
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				
	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				
	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 (completed application required)							
10. High Holidays – Reserved Seats & Admission for Non-Members or Relatives of Members (reservation form required)							
11. High Holidays Child Care (reservation form required)							
<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 1 payment in _____ (month)							
Semi-Annually – billed in 2 payments							
Quarterly – billed in 4 payments beginning _____ (month)							
"Monthly" - to be billed in 10 payments							

- 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