



# TEMPLE SOLEL MEMBERSHIP APPLICATION

## APPLICANT 1

First Name (Dr/Mr/Mrs/Ms) \_\_\_\_\_ Last Name \_\_\_\_\_

Informal Name (i.e. "Bob") \_\_\_\_\_

Local/Seasonal Address \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Local Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_

Alternate Address \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Marital Status: Married (anniversary date) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Hebrew Name \_\_\_\_\_

Please use English letters

Religious Background: \_\_\_ Reform \_\_\_ Conservative \_\_\_ Orthodox Other \_\_\_\_\_ Conversion date: \_\_\_/\_\_\_/\_\_\_

Arrive/Depart Dates \_\_\_\_\_

Community \_\_\_\_\_

Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Business Fax \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Alternate Fax \_\_\_\_\_

Single/Partners/Widowed/Divorced/Separated

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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## APPLICANT 2

First Name (Dr/Mr/Mrs/Ms) \_\_\_\_\_ Last Name \_\_\_\_\_

Informal Name (i.e. "Jen") \_\_\_\_\_

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

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Business Fax \_\_\_\_\_

*For Office Use*

\_\_\_\_\_

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How did you hear about Temple Solel? \_\_\_ Relative \_\_\_ Friend \_\_\_ Advertising \_\_\_ Website \_\_\_ Other \_\_\_\_\_





# TEMPLE SOLEL MEMBERSHIP APPLICATION

DATE: \_\_\_\_\_

I/WE HEREBY MAKE APPLICATION FOR MEMBERSHIP AT TEMPLE SOLEL AND AGREE TO ABIDE BY ITS CONSTITUTION, BY-LAWS AND REGULATIONS.

I/WE UNDERSTAND THAT MEMBERSHIP CONTRIBUTION AND BUILDING FUND PAYMENT ARE PAYABLE ACCORDING TO SYNAGOGUE POLICY. IN THE EVENT OF RESIGNATION, I/WE WILL BE RESPONSIBLE FOR ALL OBLIGATIONS ACCRUED PRIOR TO RESIGNATION.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

THANK YOU FOR COMPLETING THE TEMPLE SOLEL MEMBERSHIP APPLICATION

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**FOR OFFICE USE ONLY**

For year Jan. 1, \_\_\_\_\_ to Dec. 31, \_\_\_\_\_

Annual Membership Contribution .....\$ \_\_\_\_\_

Religious School .....\$ \_\_\_\_\_

Other .....\$ \_\_\_\_\_

**TOTAL PAYABLE WITH APPLICATION:**

Payment with application \$ \_\_\_\_\_ allocated as follows:

Membership \$ \_\_\_\_\_ Facility/Security \$ \_\_\_\_\_ Rel. School \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**Total \$ \_\_\_\_\_**

\_\_\_ CK # \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_ CC \_\_\_\_\_ Exp. Date \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_