

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

() () _____
Home Phone Fax #

Anniversary _____ Email / /
MARITAL STATUS: Single – Married – Divorced – Widowed
(Circle One) Mo. Day Year

All mail will be sent to residence unless otherwise specified.

MALE DATA		FEMALE DATA	
Date Of Birth	_____	Date Of Birth	_____
Were you born Jewish?	_____ YES _____ NO	Were you born Jewish?	_____ YES _____ NO
Was your mother born Jewish?	_____ YES _____ NO	Was your mother born 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 TIFERETH 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 (YAHARZEIT) 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).

_____ Family/ Adult Programs _____ Membership _____ Purim Carnival
 _____ Parent Association _____ Sisterhood _____ Ad Book / Bulletin

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

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. I agree to abide by the Constitution, By-laws, Rules and Regulations of this Organization.

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 Sessler _____ Office _____ Membership V.P. _____