



TEMPLE
EMANUEL

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Grand Rapids, MI 49503
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www.grtemple.org info@grtemple.org

Application for Membership

Date _____

Member 1: First _____ Middle _____ Last _____

Preferred Nickname _____ Birth Date ____/____/____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail address _____ I would like to receive Temple e-mail

Employer Name _____ Occupation _____

Marital Status ____ Married ____ Partnered ____ Single Anniversary Date _____

Member 2: First _____ Middle _____ Last _____

Preferred Nickname _____ Birth Date ____/____/____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail address _____ I would like to receive Temple e-mail

Employer Name _____ Occupation _____

Child Information (through age 22)

Child 1 First Name _____ Middle _____ Last _____

Sex _____ Birth Date _____ Hebrew Name _____

School _____ Grade _____ E-mail address _____

Mailing Address if different than members' _____

College Level _____ Name of College/University _____

College Address _____ City _____ State _____ Zip _____

Child 2 First Name _____ Middle _____ Last _____

Sex _____ Birth Date _____ Hebrew Name _____

School _____ Grade _____ E-mail address _____

Mailing Address if different than members' _____

College Level _____ Name of College/University _____

College Address _____ City _____ State _____ Zip _____

Child 3 First Name _____ Middle _____ Last _____

Sex _____ Birth Date _____ Hebrew Name _____

School _____ Grade _____ E-mail address _____

Mailing Address if different than members' _____

College Level _____ Name of College/University _____

College Address _____ City _____ State _____ Zip _____

Additional children can be listed on a separate sheet of paper and attached to this form.

Please list any Temple activities that you would be especially interested in. Examples include Teaching, Youth, Singles, Seniors, Holiday Dinners, Adult Education Programs, Food Bank, Fund Raising, Library, Music, Hebrew, Holiday Celebrations, Onegs, Technology, etc.

For the 2018-19 Fiscal Year benchmark dues are \$1,800.00 per year. This number is determined by taking the operating expenses for the Temple and dividing it by the number of member families. If you would like to set your dues at a different rate, please state that amount below. Our fiscal year begins on July 1st.

I agree to contribute \$_____ annually for dues towards the support of the Temple.

Enclosed with this application is one-quarter (25%) payment of our annual dues \$_____.

_____ Check Enclosed

OR

_____ Please debit my account and set us up for _____ monthly _____ quarterly payments:

Name of Financial Institution _____

Routing Number _____ Account Number _____

OR

_____ Please Bill my credit card and set us up for _____ monthly _____ quarterly payments:

Card Number: _____

Expiration Date: _____ CVV Code: _____

Signature of Member 1 _____

Signature of Member 2 _____

Signature of Membership Committee Representative _____

Date of approval by Board of Trustees _____

Once your application has been sent to the office it will be reviewed by the Finance Chairperson, presented to the Board of Trustees (only your names and areas of interests) for formal approval after which you will receive an official letter confirming your membership.

Welcome! We hope you will be very involved in all that Temple has to offer.