

The world stands on three things:
Torah-Jewish study, Avodah-worship, Gimilut Chasadim-acts of loving kindness
Pirkei Avot 1:2

Larchmont Temple-Registration For Membership

We are delighted that you are interested in joining our covenantal community.

Please be sure to fill out all 4 pages of this application.

Date: _____

Individual Information – Member#1

Individual Information – Member#2

Mr. ___Mrs. ___Ms. ___Dr. ___Other _____	Mr. ___Mrs. ___Ms. ___Dr. ___Other _____
First Name _____	First Name _____
Nickname _____	Nickname _____
Last Name _____	Last Name _____
Birthdate (mm/dd/yyyy) ___/___/_____	Birthdate (mm/dd/yyyy) ___/___/_____
Religious Affiliation	Religious Affiliation
Jewish _____ Non-Jewish _____	Jewish _____ Non-Jewish _____
Email _____	Email _____
Cell Phone _____	Cell Phone _____

Relationship Status (check all that apply): Single ___ Married ___ (anniversary date ___/___/___)
Divorced ___ Widowed ___ Partnered ___

Special Accommodations—Please let us know how we can best assist you, ex. wheelchair, hearing devices, large print books, etc. _____

Home Information

Address _____
Street Address Apt. # Town/Village/City State Zip code

Phone _____
Home phone Fax/other

Seasonal Address Information (Please send mail to this address (Month/Day) from ___/___ to ___/___)

Address _____
Street Address Apt. # Town/Village/City State Zip code

Phone _____
Home phone

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Business Information - Member #1

Business Information - Member #2

Occupation_____	Occupation_____
Employer_____	Employer_____
Work Address_____	Work Address_____
City_____ State_____ Zip_____	City_____ State_____ Zip_____
Business Phone_____	Business Phone_____

Children Living at Home:

	<u>Child#1</u>	<u>Child#2</u>	<u>Child#3</u>	<u>Child#4</u>
Last Name				
First Name & Middle Initial				
Nickname				
Hebrew Name				
Birth Date (mm/dd/yyyy)				
Gender Identity (M/F/Other)				
Current School and Grade				
Special Needs (Please describe)				
Cell Phone (if over age 12)				
Email address (if over age 12)				
College address or other address if not living at home				

*If you have a child in 4th, 5th or 6th grade, Bar or Bat Mitzvah dates are given to those registered in Religious School. Once you become a member, you will be sent a link from donotreply@chaverweb.net where you can register for School.

Larchmont Temple

הר חיים

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Extended Family at Larchmont Temple:

Please provide us with names of family members who belong to Larchmont Temple	<u>Family Member#1</u>	<u>Family Member#2</u>	<u>Family Member#3</u>	<u>Family Member#4</u>
Last Name				
First Name				
Relationship				

Yahrzeit – Remembrance (for family members):

Name of Deceased	Relationship to Member #1/Member #2	Date of Death (mm/dd/yyyy)	Please choose a Secular (S) or Jewish (J) Calendar Date

Making A Connection

We would like you to share your skills and areas of special interest. This will help us to get to know you as you become an integral part of our Temple family. Please check all that apply. We look forward to talking soon!

Interests/Skills	Member #1	Member #2
<p>Torah & Avodah - Jewish Study & Worship Early Childhood Education Youth Education Adult Education Israel/Jewish Studies Hebrew Liturgy Lay Leader for Services Interfaith Welcome & Support</p> <p>Gimilut Chasadim - Acts of Loving-Kindness Social Action/Volunteering Counseling/Social Work</p> <p>Cultural Arts Choir/Music/Performing Photography/Video Event Planning/Cooking/Catering</p> <p>Communication Writing/Editing Marketing/Social Media Graphics/Design Computer/Web/Database</p> <p>Business/Organizational Skills Finance/Fundraising Facilities/Landscape/Project Management</p> <p>Other Interests ex. hiking, softball, book clubs, etc.</p>		

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Larchmont Temple Membership Dues

Larchmont Temple Estimated Schedule of Fees 2017-2018

Family Membership	\$3,230
Individual Adult Membership	\$2,150
Non-Resident Membership	\$1,150
Blum Building Assessment (annually)	\$ 25*
New Members Capital Fund 1 st Installment	\$.....See Next Paragraph

New Members Capital Fund: We have a Building Improvement Fund to enable the congregation to meet major replacement and repair charges so that we can adapt our facilities to the changing needs of our members. The New Members Building Improvement Fund is equal to 2 times the applicable annual dues (Family or Individual). This is paid by dividing that figure into five equal annual installments.

Payment: I/We realize that as a member of the Larchmont Temple Congregation, I/We am/are committing to be a part of a covenantal community. In acceptance of that responsibility, I/we pledge my/our membership dues.

Signature or Typed Name _____

Signature or Typed Name _____

Printed Name _____

Printed Name _____

Payment Options (Please check one):

I/We will pay by sending a check payable to Larchmont Temple, 75 Larchmont Avenue, Larchmont, NY 10538.

Once I/we receive a welcome email from the Larchmont Temple on-line portal (it will come from "donotreply@chaverweb.net"), I/we will wait a few days for our invoice to appear under "Account Status" and pay by credit card or ACH transfer there.

I/We will call the Larchmont Temple Accounting Office at (914) 834-6120 x.126 to pay by credit card.

If you have any questions regarding membership dues, please contact Jane Sable-Friedman, the Temple's Executive Director at (914) 834-6120 x.114.

*For a list of other fees such as religious school, early childhood center, Temple event fees, etc., please go to www.larchmonttemple.org/Membership_App and see our Schedule of Fees.