

Date received _

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 ou Date:	all 4 pages of this application.		
<u>Individual Information – Member#1</u>	Individual Information – Member#2		
MrMrsMsDrOther	_ MrMrsMsDrOther		
First Name	First Name		
Nickname	Nickname		
Last Name	Last Name		
Birthdate (mm/dd/yyyy)///			
Religious Affiliation	Religious Affiliation		
JewishNon-Jewish	JewishNon-Jewish		
Email	Email		
Cell Phone	Cell Phone		
Special Accommodations—Please let us know ho large print books, etc	v we can best assist you, ex. wheelchair, hearing devi	ices,	
Home Information			
Address Street Address	Apt. # Town/Village/City State Zip code	-	
Phone Home phone Fax/ot	ler		
Seasonal Address Information (Please send mail	to this address (Month/Day) from/to/_		
Address		_	
Street Address Phone	Apt. # Town/Village/City State Zip code		
Home phone			

Larchmont Temple הר חיים

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Business Information – Member #1	Business Information – Member #2		
Occupation	Occupation		
Employer	Employer		
Work Address	Work Address		
CityStateZip	CityStateZip		
Business Phone	Business Phone		

Children Living at Home:

	Child#1	Child#2	Child#3	Child#4
Last Name				
First Name & Middle Initial				
Nickname				
Hebrew Name				
Birth Date (mm/dd/yyyy)				
Gender Identity (M/F/Other)				
Current School and Grade				
Previous Jewish Education				
For grade 5 and up, do you need a Bar/ Bat Mitzvah Date?				
Email address (if over age 12)				
College address or other address if not living at home				



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Extended Family at Larchmont Temple:

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

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



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Larchmont Temple Membership Dues

Larchmont Temple Estimated Schedule of Fees 2021-2022

Family Membership	\$3	,500	
Individual Adult Membership		,320	
Non-Resident Membership		\$1,300	
Blum Building Assessment (annually)	\$	25	
Security Enhancement Fee	\$	200	

New Members Capital Fund 1st 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.

Security Enhancement Fee: The fee of \$200 per family unit is to help cover the costs of additional security that the temple has incurred and will incur for personnel and related building improvements.

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 Jane Sable-Friedman, Executive Director, with instructions on how to access the on-line portal, I/we will pay by approved credit card, Amex or e-check.

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