

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. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____
First Name _____	First Name _____
Nickname _____	Nickname _____
Last Name _____	Last Name _____
Birthdate (mm/dd/yyyy) ___/___/_____	Birthdate (mm/dd/yyyy) ___/___/_____
Religious Affiliation	Religious Affiliation
Jewish_ <input type="checkbox"/> Non-Jewish_ <input type="checkbox"/>	Jewish_ <input type="checkbox"/> Non-Jewish_ <input type="checkbox"/>
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				
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				

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	Family Member#1	Family Member#2	Family Member#3	Family Member#4
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
Torah & Avodah - Jewish Study & Worship		
Early Childhood Education	<input type="checkbox"/>	<input type="checkbox"/>
Youth Education	<input type="checkbox"/>	<input type="checkbox"/>
Adult Education	<input type="checkbox"/>	<input type="checkbox"/>
Israel/Jewish Studies	<input type="checkbox"/>	<input type="checkbox"/>
Hebrew Liturgy	<input type="checkbox"/>	<input type="checkbox"/>
Lay Leader for Services	<input type="checkbox"/>	<input type="checkbox"/>
Interfaith Welcome & Support	<input type="checkbox"/>	<input type="checkbox"/>
Gimilut Chasadim - Acts of Loving-Kindness		
Social Action/Volunteering	<input type="checkbox"/>	<input type="checkbox"/>
Counseling/Social Work	<input type="checkbox"/>	<input type="checkbox"/>
Cultural Arts		
Choir/Music/Performing	<input type="checkbox"/>	<input type="checkbox"/>
Photography/Video	<input type="checkbox"/>	<input type="checkbox"/>
Event Planning/Cooking/Catering	<input type="checkbox"/>	<input type="checkbox"/>
Communication		
Writing/Editing	<input type="checkbox"/>	<input type="checkbox"/>
Marketing/Social Media	<input type="checkbox"/>	<input type="checkbox"/>
Graphics/Design	<input type="checkbox"/>	<input type="checkbox"/>
Computer/Web/Database	<input type="checkbox"/>	<input type="checkbox"/>
Business/Organizational Skills		
Finance/Fundraising	<input type="checkbox"/>	<input type="checkbox"/>
Facilities/Landscape/Project Management	<input type="checkbox"/>	<input type="checkbox"/>
Other Interests ex. hiking, softball, book clubs, etc.	_____ / _____	

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Larchmont Temple Membership Dues

Larchmont Temple Estimated Schedule of Fees 20 22-2023

Family Membership	\$3,675
Individual Adult Membership	\$2,395
Non-Resident Membership	\$1,350
Blum Building Assessment (annually)	\$ 25
Security Enhancement Fee	\$ 225 Nursery School Families \$300

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 paid with 5-year equal annual installments. The amount currently for a full family membership is \$1,400 per year and prorated for the Individual membership.

Security Enhancement Fee: The fee of \$225 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 the 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.

Submit By Email To Jane Sable-Friedman