

Date received

Torah-Jewish study, **Avodah**-worship, **Gimilut Chasadim**-acts of loving kindness Pirkei Avot 1:2

Larchmont Temple-Membership Registration Form

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

Please be sure to fill out Date:	all 4 pages of this application.		
Individual Information - Member#1	Individual Information - Member#2		
MrMrsMsOther	MrMrsMsDrOther		
First Name	First Name		
Nickname	_ Nickname		
Last Name	Last Name		
Birthdate (mm/dd/yyyy)//	Birthdate (mm/dd/yyyy)//		
Religious Affiliation	Religious Affiliation		
JewishNon-Jewish	JewishNon-Jewish		
Email	Email		
Cell Phone	Cell Phone		
	dWidowedPartnered we can best assist you, ex. wheelchair, hearing devices,		
Home Information			
Address Street Address Phone Home phone Fax/other	Apt. # Town/Village/City State Zip code er		
Seasonal Address Information (Please send mail to this address (Month/Day) from/to/			
Address	And the Transfer of City of Ci		
Street Address Phone	Apt. # Town/Village/City State Zip code		
Home phone			



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

<u>Yahrzeit - Rememberance (for family members):</u>

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.		/



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LarchmontTemple Membership Dues

Larchmont Temple Schedule of Fees 20 24-2025

Family Membership	\$3,925	
Individual Adult Membership	\$2,515	
Non-Resident Membership	\$1,465	
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Security Enhancement Fee \$275/Nursery School Families \$350

New Members Capital Fund 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 \$7000.00 (Family). Two times the dues for Indiviual Membership. This is paid by dividing that figure into five equal annual installments.

Security Enhancement Fee: The fee is 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.