

The world stands on three things:
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 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

Larchmont Temple

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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				

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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 AConnection -- We would like to learn about your skills and interests so we can help you feel right at home here at Larchmont Temple. Please check all that apply.

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.		

The best way to get to know Larchmont Temple is to dive right in! We invite you to connect with our Membership Engagement Director (Isliter@larchmonttemple.org) to explore your interests & find meaningful ways to get involved with the community.

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Larchmont Temple Membership Dues

Larchmont Temple Schedule of Fees 2025-2026

Family Membership	\$4,045
Individual Adult Membership	\$2,595
Non-Resident Membership	\$1,505
Security Enhancement Fee	\$325/Nursery School Families \$400

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 Individual 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.