



APPLICATION FOR MEMBERSHIP

TEMPLE ISRAEL - 432 - 30th Street NW - CANTON, OHIO 44709
WWW.TEMPLEISRAELCANTON.ORG

I/we hereby make application for membership in Temple Israel in accordance with the by-laws of the congregation.

Member #1 Information

Prefix

First Name

Last Name

Hebrew Name

Member #1 is: Jewish Other

Date of Birth

Email Address

Phone Number

Home Address

City

ST

Zip

Occupation & Employer

Marital Status

Anniversary

Additional Information

Preferred Formal Name(s)

Preferred Informal Name(s)

Previous Congregational Affiliation & City

Relatives who are Members of Temple Israel

Yahrzeit Information

Name of Deceased	Relationship to Member	English or Hebrew Date of Death	Before Sundown or After Sundown?	Observance Date (Heb. or Eng.)

Preferred way to receive Yahrzeit Notice (please check one): Email US Postal Service Mail

I/we understand that annual commitments (dues) are set by the Finance Committee and that privileges of membership are extended upon receipt of my first dues payment.

RIGHTS AND PRIVILEGES OF MEMBERS

1. To worship with the congregation at any and all times. This includes a member's spouse, his or her children 18 years of age or older until they become self-supporting or are married.
2. To have his or her children receive a religious education in the Religious School and Confirmation in the Temple.
3. To purchase lots in the Temple cemeteries (subject to cemetery rules and regulations).
4. To receive the service of the Rabbi on occasions of personal and family needs.
5. To participate in all affairs of the congregation.

Signature(s)

Date