



TEMPLE ISRAEL COLUMBUS COMMUNITY MEMBER INFORMATION FORM

3100 East Broad Street
Columbus, OH 43209

Application Date _____

Welcome to Temple Israel Columbus. We are delighted you have chosen to become part of our community. We hope that you will find our community to provide an enriching experience, and we encourage you to explore the diverse opportunities for Jewish expression that Temple Israel offers. Please call upon our clergy, staff, and lay leaders whenever we can assist you in becoming part of our Temple Israel Columbus family. **All information in this application will be treated confidentially.** Please call our office at 614-866-0010 if you have any questions or need assistance in filling out this application.

PERSONAL INFORMATION

	ADULT 1	ADULT 2
Preferred gender pronouns	<input type="checkbox"/> she/her <input type="checkbox"/> he/him <input type="checkbox"/> they/them	<input type="checkbox"/> she/her <input type="checkbox"/> he/him <input type="checkbox"/> they/them
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____
Full Name		
By what name do you wish to be addressed (if different from above)?		
Personal Status	<input type="checkbox"/> Single <input type="checkbox"/> Married _____ (date) <input type="checkbox"/> Other _____	<input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Hebrew Name (if known)		
Date of Birth		
Accommodations	<input type="checkbox"/> Visual (large print prayer book) <input type="checkbox"/> Auditory (assisted hearing devices) <input type="checkbox"/> Physical <input type="checkbox"/> Other _____	<input type="checkbox"/> Visual (large print prayer book) <input type="checkbox"/> Auditory (assisted hearing devices) <input type="checkbox"/> Physical <input type="checkbox"/> Other _____

CONTACT INFORMATION

How would you like your name(s) to appear on Temple mailings? We will do our best to accommodate your request within system capabilities.

Name(s): _____

Home address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Cell Phone 1: _____ Cell Phone 2: _____

Email 1: _____ Email 2: _____

I would like to receive temple communications via email.

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RELIGIOUS BACKGROUND

	ADULT 1	ADULT 2
Religious background in which you were raised	<input type="checkbox"/> Reform <input type="checkbox"/> Orthodox <input type="checkbox"/> Jewish unaffiliated <input type="checkbox"/> Conservative <input type="checkbox"/> Other _____	<input type="checkbox"/> Reform <input type="checkbox"/> Orthodox <input type="checkbox"/> Jewish unaffiliated <input type="checkbox"/> Conservative <input type="checkbox"/> Other _____
If you became Jewish as an adult: Date, Congregation, City		
Bar/Bat Mitzvah (if applicable): Date, Congregation, City		
Confirmation (if applicable): Date, Congregation, City		
Congregation most recently or currently affiliated with:		
Please list any relatives who are Temple Israel Columbus members:		

BUSINESS INFORMATION

	ADULT 1	ADULT 2
Occupation/Title:		
Employer:		
Address:		
City, State, Zip:		
Business Phone:		
Business Email:		

Yahrzeit Information

Name	Date of death	Relationship

Please attach a separate sheet for additional names.

Request information on memorial plaque at Temple Israel Columbus

CHILDREN'S INFO

	CHILD 1 <input type="checkbox"/> she/her	CHILD 2 <input type="checkbox"/> she/her	CHILD 3 <input type="checkbox"/> she/her	CHILD 4 <input type="checkbox"/> she/her
Preferred gender pronouns:	<input type="checkbox"/> he/him <input type="checkbox"/> they/them	<input type="checkbox"/> he/him <input type="checkbox"/> they/them	<input type="checkbox"/> he/him <input type="checkbox"/> they/them	<input type="checkbox"/> he/him <input type="checkbox"/> they/them
First and middle name:				
Last name (if different):				
Hebrew name (if known):				
Birth date (and grade, if applicable):				
Address (if not living with you):				
Child's marital status:	<input type="checkbox"/> Single <input type="checkbox"/> Other <input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Other <input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Other <input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Other <input type="checkbox"/> Married <input type="checkbox"/> Partnered
Is/was this child raised in the Jewish faith?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will this child be attending Religious School at Temple Israel Columbus?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bar/Bat Mitzvah: Date, Congregation, City				
Confirmation: Date, Congregation, City				
If previously attended Religious School, list Congregation and City				

If you have more than four children, please attach an additional page.

EMERGENCY CONTACT INFORMATION

Adult 1 Name: _____

Relationship: _____

Phone #1: _____ Phone #2: _____

Address: _____ City: _____ State: ____ Zip: _____

Adult 2 Name: _____

Relationship: _____

Phone #1: _____ Phone #2: _____

Address: _____ City: _____ State: ____ Zip: _____

OPPORTUNITY FOR PARTICIPATION

At Temple Israel Columbus, we believe that joining a congregation is a spiritual and emotional commitment. We encourage all congregants to become involved in all aspects of life in our congregational community. In furthering this ideal, we request that upon signing this application you commit to participate in congregational life. Please indicate which of these areas interest you by checking the appropriate box or boxes. Your participation will help strengthen the community and will make your temple experience more meaningful. You will be contacted by a congregation member with more information.

Temple Involvement

<input type="checkbox"/> Adult Education	<input type="checkbox"/> Gardening	<input type="checkbox"/> Oneg Shabbat	<input type="checkbox"/> Use of Facilities
<input type="checkbox"/> Archives	<input type="checkbox"/> Interfaith	<input type="checkbox"/> Preschool	<input type="checkbox"/> Ushers/Greeters
<input type="checkbox"/> Brotherhood	<input type="checkbox"/> Leadership Development	<input type="checkbox"/> Publicity/Promotion	<input type="checkbox"/> Women of Temple Israel (Sisterhood)
<input type="checkbox"/> Empty Nesters	<input type="checkbox"/> LGBT	<input type="checkbox"/> Religious/Hebrew School	<input type="checkbox"/> Worship/Prayer
<input type="checkbox"/> Endowed Giving	<input type="checkbox"/> Library Committee	<input type="checkbox"/> Seniors	<input type="checkbox"/> Young Families
<input type="checkbox"/> Family Education	<input type="checkbox"/> Membership	<input type="checkbox"/> Social Action	<input type="checkbox"/> Youth/Teens
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Music	<input type="checkbox"/> TI 20/30	

TALENTS AND INTERESTS

- Cooking Music Painting Gardening Electrical Public Relations Israeli Dancing
 Baking Driving Carpentry Sewing/Needlework Art Travel Plumbing
 Other _____

What are your passions? What are your interests?

To the Board of Trustees:

I (We) hereby apply to be part of Temple Israel community. I (We) agree to abide by the Constitution, rules and regulations of the Congregation, including the payment of all annual commitments, tuition and other activities to which I (we) commit. I (We) realize my (our) commitments will be renewed annually unless I (we) notify you otherwise in writing prior to July 1st. Otherwise, I (we) will remain responsible for the full year's commitment.

I agree that my annual contribution will be \$_____ per fiscal year (July 1–June 30). Please remember that it currently costs \$2,500 per unit (household) to operate Temple Israel with its current staff and programming. Traditionally, many Temples suggest 1.5% of adjusted gross income as a starting point for consideration. If you would like to discuss your annual engagement commitment with a member of Temple Israel's staff, please contact _____ for a confidential discussion. Please remember that it is Temple Israel's long-standing policy that financial considerations should not and will not become a barrier to being a part of our community.

Twenty-five percent (25%) of my dues is enclosed with this form.

Please bill me as follows:

- Monthly
 Quarterly
 Semiannually
 Annually

Credit Card Information (VISA, Mastercard, Discover)

Name (as it appears on card)

Credit Card Number

Exp. Date

Signature of Adult #1

Date

Signature of Adult #2

Date

Signature of Executive Director

Date