Temple Israel of BREVARD
7300 Lake Andrew Dr.
Melbourne, FL 32940
321-613-9494

Shalom and welcome to Temple Israel!

On behalf of our entire congregation, we extend a heartfelt welcome to you. We are delighted that you are considering becoming a part of our synagogue family, and we look forward to getting to know you better.

Temple Israel has been serving the reform Jewish community of Brevard since 1965. Temple Israel is more than just a place of worship; it is a vibrant and inclusive community where individuals of all ages and backgrounds come together to celebrate, learn, and support one another on our spiritual journeys. Whether you are new to the area or seeking to reconnect with your faith, we believe that you will find a meaningful and enriching experience within our walls.

Here at Temple Israel, we take pride in our diverse congregation, which fosters an atmosphere of acceptance, understanding, and mutual respect. Our services, led by Rabbi Karen Fanwick, blend tradition with contemporary elements, allowing for a worship experience that is both authentic and relevant to the lives we lead today.

Beyond our worship services, we offer a wide range of engaging activities and events that cater to various interests and age groups. From our Torah Study program, Adult Education, Religious School offerings and social gatherings, there are ample opportunities for you to connect with others who share your values and interests.

We understand that joining a new community can be both exciting and nerve-wracking, but please know that you are not alone on this journey. Our welcoming committee and congregation members are here to support you every step of the way and ensure that your integration into our community is as smooth as possible.

We understand that everyone's ability to give through dues and donations can vary from family to family. Our membership application form provides a range of dues options tailored to your family. However, we will work with you if financial hardship is a roadblock to joining our community. The membership committee will contact you for financial information to support your request for alternative dues. This will include volunteer involvement in Temple operations.

The membership form is a pdf fillable document. You can download from our website tiob.shulcloud.com, print it and fill in by hand. Or fill in with a pdf editor such as Adobe Acrobat, then email to the Temple.

If you are interested in exploring Temple Israel and have any questions or need further information, please don't hesitate to contact our membership coordinator **Barb Cannon** at 585-281-9222 or BLCannon527@gmail.com. We are here to assist you and look forward to speaking with you.

Once again, welcome to Temple Israel. We are thrilled at the prospect of you joining our community and sharing in the joy of Jewish life together.

Barbara Cannon
Membership Chairperson

President

Temple Israel of Brevard

Membership Application Form

*Required fields

If you have any questions about this application, please contact TIOB office at (321) 631-9494 or email - tioffice@tiofbrevard.com, **or contact the membership chairperson.**

PLEASE NOTE THAT AT LEAST ONE OF THE ADULTS NEEDS TO BE JEWISH.
Only list those individuals that will be part of the membership.

Adult 1 (Primary) Info (If filling form online, click on the box next to the field before typing)

First Name*		Last Name*	
Cell Phone*		Email*	
Home Mailing Address*			
City*		State*	
Zip Code*		Home Phone*	
Birthday*		Anniversary*	
Occupation		Marital Status*	
Religious Tradition* (check box)	☐Reform ☐Orthodox ☐Conservative ☐Non-Jewish	Current Religious Status* (check box)	☐Born Jewish ☐Non-Jewish ☐Jew-by-conversion
May we include your name, phone, and email in our directory?	☐Yes ☐No	Hebrew Name	

Adult 2 (Secondary) Info (If filling form online, click on the box next to the field before typing)

First Name*		Last Name*	
Cell Phone*		Email*	
Birthday*		Occupation	
Religious Tradition* (check box)	☐Reform ☐Orthodox ☐Conservative ☐Non-Jewish	Current Religious Status* (check box)	☐Born Jewish ☐Non-Jewish ☐Jew-by-conversion
May we include your name, phone, and email in our directory?	☐Yes ☐No	Hebrew Name	

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Dependent Children **Under 26** Living at Home or Special Circumstances (If filling form online, click on the box below the field before typing)

Do not list any children **above the age of 18.**

Child 1 Full Name	Hebrew Name	Birthdate
Child 2 Full Name	Hebrew Name	Birthdate

YAHRZEIT (If filling form online, click on the box next to or under the field before typing)

We want to make sure that we have a complete list of Yahrzeit dates (anniversary of death) so we can send you a reminder of when to say Kaddish (memorial prayer). Please enter your Yahrzeit information below:

Name

First

Last

Hebrew Name

(check box) Related To: ☐ Adult 1 ☐ Adult 2

Relationship

Date of Death

Name

First

Last

Hebrew Name

(check box) Related To: ☐ Adult 1 ☐ Adult 2

Relationship

Date of Death

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	Name	(check box) Related To:	Relationship	Date of Death
First				
Last		☐ Adult 1		
		☐ Adult 2		
Hebrew Name				

	Name	(check box) Related To:	Relationship	Date of Death
First				
Last		☐ Adult 1		
		☐ Adult 2		
Hebrew Name				

Benefits of Membership

- Attend High Holiday Services
- Weekly Shabbat Services
- Zoom Access
- Torah Study
- Access to Clergy
- Facilities use – life cycle events –Bar/Bat Mitzvah, etc.
- Religious School (separate fee)
- **Eligible to vote**
- **Eligible to serve on the Board of Directors**

Family Membership
(children in Religious School, from kindergarten through 12th Grade)

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☐	Two Adult Household	$2,200
☐	Single Parent Household	$1,100

Adult Membership
(adults over age 36 but under 65 with no children)

☐	Couple	$2,200
☐	Single	$1,400

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Young Adult Membership (under age 36 and children under Kindergarten age)

☐	Two young adult couple or family	$1,400
☐	One young adult individual or family	$1,100

Senior Membership (age 65+)

☐	Senior Couple	$1,870
☐	Senior Single	$1,210

Please check the box on the right of the selected Membership Category to select your financial commitment level.
Or check this box ----- if you want to us to consider Alternatives to the Dues listed.

If you are a Snowbird or joining after January, please select the membership category and then follow the instructions to prorate your membership dues.

For example – family membership $2,200 divided by 12 months = $183.33

- **Snowbird - # of months here x $183.33 = the prorated dues.**
  6 x $183.33 = $1,099.981
- **If joining after January, # of months remaining in the year x $183.33**
  For example - joined in March = 9 months remaining
  9 x $183.33 = $1,649.97

Through this application each congregant is making a financial commitment to the temple community.

Payment

The annual dues are due with the approved application, either by check, credit card or ACH withdrawal.

Monthly dues are due with the approved application, either by check, credit card or ACH withdrawal set up for automatic monthly payments.

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REQUIRED

Credit Card Information
Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX ☐ Other
Cardholder Name (as shown on card):
Card Number:
Expiration Date (mm/yy): CCV:
Cardholder ZIP Code (from credit card billing address):

PAYMENT

Please tell us how you would like to pay your Financial Commitment.

All payments are 100% tax deductible to the fullest extent of the law.

*Payment Plan	Payment Method to be used	Day of Month to Post Charges
	Payment Method by CC or Check, ACH	*Charges will post on the 1st day of each month unless you let us know by specifying a different day here*

Please note that you will have the ability with ShulCloud, our billing database, to easily pay via secure link to set up a billing schedule. If you use this process to pay your dues, there will be no fee assessed for ACH payments and a 3.0% fee assessed for Credit Card payments

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TERMS

I have read and fully agree to the terms below. If you are filling the Membership form on line, **Double click on the signature line** to open a dialog box that will ask you to type your full name **or** insert a signature image that you have already stored in your computer.

(If you fill the form with a pdf editor, additional information can be provided about the signature, for example: trustee, click on the button that says "Details," in the dialog box and fill in information. If you want to know what additional information is stored with your signature, click on the highlight "See additional information about what you are signing…" on top of the dialog box.)

X _____

The signature above hereby represents, warrants and agrees that

(i) he/she has read and understood the content of this Application,

(ii) all the information provided to Temple Israel of Brevard (TIOB) herein is true and correct as of the date hereof,

(iii) he/she agrees to be bound by the terms hereof including the payment of the Membership Financial Commitment,

(iv) he/she shall abide by the bylaws, rules and regulations of TIOB as they currently exist and/or as they shall be amended or adopted during the term of this membership,

(v) that TIOB will refund a prorated portion of the Financial Commitment payments that have been prepaid prior to resignation of membership,

(vi) that TIOB may publish and republish photographs and videos taken of me and my family at any and all TIOB events. Said publication may include TIOB's newsletter, website, Facebook, Twitter, Instagram, social media, e-newsletters and other publications, and local and national media as it shall determine, and

(vii) . Furthermore, I consent that such photographs and or videos shall be the property of TIOB, which has the right to duplicate, reproduce and make other uses as TIOB deems necessary.

*(viii) **CHECK BOX IF YOU DO NOT** consent to the Photographic and Other Medium Release and Assignment form* ☐

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Responsibility of Membership

At Temple Israel we are committed to building a community. We need and ask for the help of each member with this mission. It will take a variety of talents, interests, and volunteering to accomplish this. Please mark an X at the committee to help us find a place for your contributions, talents, skills and hobbies.

Committees

Development	**Finance**	**House**	**Engagement**	**Membership**
Caring	**Marketing**	**Education**	**Ritual**	**Social Action**

The chairperson will contact you to join the committee.
Thanks for volunteering.

What is the best way you would like to be contacted regarding upcoming events?

☐ Email ☐ Phone ☐ Text

If filled out with a pdf editor, save the pdf file with your last-first name as the name of the file (ie "stein-fred.pdf". Email to tioffice@tiofbrevard.com.

If filled out manually, Deliver to: Temple Israel, 7300 Lake Andrew Drive, Melbourne FL 32940
Or Mail to: Temple Israel, 2328 Citadel Way, Suite 103, Box 222 Melbourne, FL 32940

DOCUMENT ROUTING DATES	
Received by Office	
Submitted to Membership Chairperson	

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Approval by _____

Fill in your name.

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