

## *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. There are ample opportunities for you to connect with others who share your values and interests. We offer several programs, such as Bagels and Bible, Adult Education, Religious School offerings and social gatherings.

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. This membership form is a fillable pdf document, after completion, download and save to your computer and send via email to [tioffice@tiofbrevard.com](mailto:tioffice@tiofbrevard.com). Or you can print it out, fill in the blanks and follow instructions at the end of the form.

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](mailto: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



Mike Slotkin  
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 <mailto:tiooffice@tiofbrevard.com>. **PLEASE NOTE THAT AT LEAST ONE OF THE ADULTS NEEDS TO BE JEWISH**

### 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*	
Birthday*		Anniversary*	
Gender*		Marital Status*	
Occupation		Company	
Religious Tradition (check box)	<input type="checkbox"/> Reform <input type="checkbox"/> Orthodox <input type="checkbox"/> Conservative <input type="checkbox"/> Non-Jewish	Current Religious Status (check box)	<input type="checkbox"/> Born Jewish <input type="checkbox"/> Non-Jewish <input type="checkbox"/> Jew-by-conversion
May we include your name, phone, and email in our directory?	<input type="checkbox"/> Yes <input type="checkbox"/> 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*		Anniversary*	
Gender*		Marital Status*	
Occupation		Company	
Religious Tradition (check box)	<input type="checkbox"/> Reform <input type="checkbox"/> Orthodox <input type="checkbox"/> Conservative <input type="checkbox"/> Non-Jewish	Current Religious Status (check box)	<input type="checkbox"/> Born Jewish <input type="checkbox"/> Non-Jewish <input type="checkbox"/> Jew-by-conversion
May we include your name, phone, and email in our directory?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hebrew Name	

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\*Required fields

Address Info (If filling form online, click on the box below the field before typing)

Home Mailing Address*	City*	State*	Zip Code*	Home Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Children (If filling form online, click on the box below the field before typing)

*\*Please provide us with your child(ren)'s cell phone (if applicable), so our rabbi can be in touch with them, when necessary.*

Child 1 Full Name:	Hebrew Name	Birthdate:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 2 Full Name:	Hebrew Name	Birthdate:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 3 Full Name:	Hebrew Name	Birthdate:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 4 Full Name:	Hebrew Name	Birthdate:
<input type="text"/>	<input type="text"/>	<input type="text"/>

# TEMPLE ISRAEL OF BREVARD



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### 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	(check box)		
First	<input type="text"/>	Related To:	Relationship	Date of Death
Last	<input type="text"/>	<input type="checkbox"/> Adult 1	<input type="text"/>	<input type="text"/>
		<input type="checkbox"/> Adult 2		

Hebrew Name

	Name	(check box)		
First	<input type="text"/>	Related To:	Relationship	Date of Death
Last	<input type="text"/>	<input type="checkbox"/> Adult 1	<input type="text"/>	<input type="text"/>
		<input type="checkbox"/> Adult 2		

Hebrew Name

	Name	(check box)		
First	<input type="text"/>	Related To:	Relationship	Date of Death
Last	<input type="text"/>	<input type="checkbox"/> Adult 1	<input type="text"/>	<input type="text"/>
		<input type="checkbox"/> Adult 2		

Hebrew Name

	Name	(check box)		
First	<input type="text"/>	Related To:	Relationship	Date of Death
Last	<input type="text"/>	<input type="checkbox"/> Adult 1	<input type="text"/>	<input type="text"/>
		<input type="checkbox"/> Adult 2		

Hebrew Name

# TEMPLE ISRAEL OF BREVARD



## Membership Application form

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### FINANCIAL COMMITMENT

We invite you to be part of Temple Israel of Brevard. Our membership levels provide you with a personalized Jewish experience tailored to your desire for involvement and financial commitment. Our Jewish community is dedicated to spiritual growth, social action, and meaningful relationships. Your dues are the financial foundation of the temple, its activities and services. It opens doors for your family to enjoy exciting events as a part of a warm, inspiring, and caring community. It also helps us maintain a place of worship for your family and others, now and into the future. However, we will work with you if financial hardship is a roadblock to joining our community.

The rates are yearly for 2023. Under the Payment Section you can select the Payment Plan you desire.

If you join the Temple during any part of the fiscal year, we will prorate the annual dues for the balance of the year.

Please check the box on the left of the selected Membership Category to select your Financial commitment level.

#### Family Membership

***This is the minimum level of commitment required if you have any children in Religious School, from Kindergarten through 12th Grade.***

Join at Family Membership Level \*

<input type="checkbox"/>	Two Adult Household	\$2,000
<input type="checkbox"/>	Single Parent Household	\$1,000

Family Membership includes High Holiday Tickets(2) for adults and children under age 26, weekly Shabbat services, access to YouTube or Zoom services, Bagels and Bible, access to clergy (spiritual counseling and lifecycle events), and use of facilities for Bar/Bat Mitzvah programs, both of which require a separate tutoring fee. Access to our religious school (tuition is additional). Eligibility to vote on issues as outlined in the By-Laws. Eligibility to serve on the Board of Directors.

#### Adult Membership

***This membership is for adults (over age 36), with no children, who have not reached retirement age yet (65).***

Join at Adult Membership Level \*

<input type="checkbox"/>	Couple	\$2,000
<input type="checkbox"/>	Single	\$1,275

Adult Membership includes full voting membership, High Holiday Tickets for adults, weekly Shabbat services, access to YouTube or Zoom services, Bagels and Bible, access to clergy (spiritual counseling and lifecycle events). Eligibility to vote on issues as outlined in the By-Laws. Eligibility to serve on the Board of Directors.



# TEMPLE ISRAEL OF BREVARD



## Membership Application form

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### Young Adult Membership

***We understand that young adults are starting out on their careers and developing a family. This financial commitment structure applies to young adults (under age 36 at the time of completing this application). Note that status will change as you pass the age threshold.***

All children must be under kindergarten age. Includes access to enroll in Mommy, Daddy and Me program. This membership level includes full voting membership, High Holiday Tickets for adults, weekly Shabbat services, access to YouTube or Zoom services, Bagels and Bible, access to clergy (spiritual counseling and lifecycle events). Eligibility to vote on issues as outlined in the By-Laws. Eligibility to serve on the Board of Directors.

Join at Young Adult Membership Level \*

<input type="checkbox"/>	Two young adult couple or family	\$1,275
<input type="checkbox"/>	One young adult individual or family	\$1,000

### Senior Membership

Senior Membership includes full voting membership, High Holiday Tickets for adults and children under age 26, weekly Shabbat services, Bagels and Bible, and access to clergy (spiritual counseling and lifecycle events). Eligibility to vote on issues as outlined in the By-Laws. Eligibility to serve on the Board of Directors.

Join at Senior Membership Level \*

<input type="checkbox"/>	Senior Couple	\$1,700
<input type="checkbox"/>	Senior Single	\$1,100

### 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 fill out the following to help us find places for your contributions.

Talent, Skills,

Hobbies

#### Temple Committees

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Art                  | <input type="checkbox"/> Caring Community | <input type="checkbox"/> Programming        | <input type="checkbox"/> Social Action   |
| <input type="checkbox"/> Adult Education      | <input type="checkbox"/> Landscaping      | <input type="checkbox"/> Pulpit and Worship | <input type="checkbox"/> Youth Education |
| <input type="checkbox"/> Building and Grounds | <input type="checkbox"/> Membership       | <input type="checkbox"/> Outreach           |  |

#### Temple Activities

- |  |  |                                      |   |
|--|--|--------------------------------------|---|
| <input type="checkbox"/> Organizing Potlucks | <input type="checkbox"/> Historian       | <input type="checkbox"/> Office Work | <input type="checkbox"/> Publicity/Social Media |
| <input type="checkbox"/> Fund Raising        | <input type="checkbox"/> Help in Library | <input type="checkbox"/> Men's Club  | <input type="checkbox"/> Sisterhood             |

#### Assisting in Services

- Choir       Music      Reader:  Hebrew     English       Song Leading

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

- Email     Phone     Text

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\*Required fields

### 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 Payment

*Payment plan must be current to receive allocated High Holiday tickets.(see table below)*

*Payment Method by CC or Check.*

*Payments will post on the 1<sup>st</sup> day of each month unless you let us know by specifying a different day here*

Type	Paid no later than
Monthly	January 31, and then on the last day of each month. <b>Current by September 1</b>
Quarterly	March 31, <b>June 30</b> , September 30, and December 31
Semi-Annual	<b>June 30</b> and December 31
Annual	<b>March 31 (If paid by January 31 you will get a 5% discount of the annual dues)</b>

**Bold dates** represent the latest payment date to be completed to receive High Holiday tickets.

Please note that you will have the ability with ShulCloud, our billing database, to easily pay via secure link from the emailed statement, and 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.

**If Dues are 21 days past due, Temple Israel will charge the Credit Card for the past due payment.**

**Credit Card Information**

Card Type:     MasterCard     VISA     Discover     AMEX     Other

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Cardholder Name (as shown on card):

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Card Number:

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Expiration Date (mm/yy):

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Cardholder ZIP Code (from credit card billing address):

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## Membership Application form

\*Required fields

### 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.

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 and other fees when due and payable hereunder, (iv) he/she agrees to pay a late fee of two percent (2%) per month on the unpaid balance of dues and fees not paid as and when due hereunder, (v) 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, (vi) **if you resign before the end of the fiscal year, TIOB will refund a prorated portion of the Financial Commitment future payments that have been prepaid prior to resignation of membership**, (vii) 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 (viii) TIOB may include the information on this form in a roster that is distributed only to the TIOB community. 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. The signature above authorizes TIOB to publish photographs of me and my family for the express purposes consistent with the mission and operations of TIOB.*

Please tell us how you heard about Temple Israel of Brevard:

If filled out on line, **Emailed to** [tioffice@tiofbrevard.com](mailto: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



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\*Required fields

### DOCUMENT ROUTING DATES

Received by Office	Click or tap to enter a date.
Submitted to Financial Secretary	Click or tap to enter a date.
Approval by Board	Click or tap to enter a date.