



MEMBERSHIP FORM

Please complete both sides of this application.

Name:

Please print name(s) as you wish to be listed on Temple roster, e.g. Jane and Joe Cohen

Mailing Address:

City: State: Zip: Phone:

Is billing address the same? Yes No. If no, please provide billing address:

Billing Address: Phone:

Marital Status: Single Married Divorced Separated Widowed (Anniversary __/__/____)

ADULT 1

Full Name (include maiden name): Hebrew Name:

Single or Family Membership: Single Family Nickname: Date of Birth: __/__/____

Gender: E-Mail Address: Mobile Number:

Occupation: Specialization or expertise:

Business Name: Business Website:

Business Social Media: Facebook: Instagram:

Twitter: Other:

Business Phone: Extension:

List relationship to any member of Temple Moses:

Name & Relationship:

Past/Present Synagogue Affiliation (name and location):

Reason for joining: Referred by:

Birth country (if not US):

ADULT 2

Full Name (include maiden name):

Hebrew Name:

Single or Family Membership: Single Family

Nickname:

Date of Birth: __/__/____

Gender:

E-Mail Address:

Mobile Number:

Occupation:

Specialization or expertise:

Business Name:

Business Website:

Business Social Media:

Facebook:

Instagram:

Twitter:

Other:

Business Phone:

Extension:

List relationship to any member of Temple Moses:

Name & Relationship:

Past/Present Synagogue Affiliation (name and location):

Reason for joining:

Referred by:

Birth country (if not US):

ENGAGEMENT

Do you have any special needs? Yes No

Please specify:

MELDADOS

Please list the names and dates of those for whom you wish Meldado (anniversary of death) notices sent.

Name of Deceased

Meldado Date

Relationship

EMERGENCY CONTACT

Name

Phone

Relationship

If applicable, please fill in the following information as it applies to each of your children under the age of 25.

	FULL NAME	HEBREW NAME	DATE OF BIRTH	GENDER	B'NEI MITZVAH DATE
Child 1:					
Child 2:					
Child 3:					
Child 4:					
Child 5:					
Child 6:					

ANNUAL COMMITMENT

Temple Moses is committed to being accessible to every person seeking a Jewish community. It has always been our policy that financial capacity will never be a barrier to membership. Please contact our Accounting Department (305.861.6308 | ext. 202), to have a confidential conversation. Our Temple policy states that all prior commitments must be paid in full by December 31, 20____.

Last Name (s): _____ First Name (s): _____

E-Mail Address (es): _____

Mailing Address: _____

Payment Options:	<p>Pay in full</p> <p><input type="checkbox"/> Zelle: A Zelle payment can be made to adm@templemoses.com</p> <p><input type="checkbox"/> Check: Checks must be made to Temple Moses and mailed or delivered to 1200 Normandy Drive, Miami Beach, FL 33141 prior to _____.</p> <p><input type="checkbox"/> Credit Card: To make a payment online please go to https://templemoses.com/makepayment</p>	<p>Quarterly Payments:</p> <p><input type="checkbox"/> Electronic Check: Call our office to set up automatic payments from your selected bank account prior to _____.</p> <p><input type="checkbox"/> Credit Card: Call our office to set up automatic payments to your account.</p>	<p>Monthly Payments</p> <p><input type="checkbox"/> Electronic Check: Call our office to set up automatic payments from your selected bank account prior to _____.</p> <p><input type="checkbox"/> Credit Card: Call our office to set up automatic payments to your account.</p>
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Applicant Signature(s)

Signature	Full Name	Date
Signature	Full Name	Date