



THE CONGREGATION EMANU-EL

TWO LAKE STREET
SAN FRANCISCO, CA 94118
415/751-2535

MEMBERSHIP APPLICATION

Member A

Mr. Ms. Mrs. Dr. Other _____

Last Name _____

First Name _____

Middle Name _____

Nick Name _____

Maiden Name _____

Hebrew Name _____

Birth date: Month _____ Day _____ Year _____

Member B

Mr. Ms. Mrs. Dr. Other _____

Last Name _____

First Name _____

Middle Name _____

Nick Name _____

Maiden Name _____

Hebrew Name _____

Birth date: Month _____ Day _____ Year _____

Residence Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Fax Phone (____) _____

Cell Phone (____) _____ Cell Phone (____) _____

Email address _____ Email address _____

Billing Address, if different from residence _____

City _____ State _____ Zip _____

Member A

Organization Name _____

Profession /Industry _____

Business Address _____

City _____ State _____ Zip _____

Business Phone (____) _____

FAX (____) _____

Email Address _____

Owner Partner Employee

Member B

Organization Name _____

Profession/Industry _____

Business Address _____

City _____ State _____ Zip _____

Business Phone (____) _____

FAX (____) _____

Email Address _____

Owner Partner Employee

Marital Status: Single Engaged Married Life Partner Divorced Widowed

If married, date of marriage: Month _____ Day _____ Year _____

How do you want your names listed for mailing list or roster? (e.g.: Mr. and Mrs. Alan Jones, or Alan and Shirley Jones, Mr. Alan Jones or Ms. Shirley Jones) _____

Salutation: Dear (first name) _____

Member A

Name _____

Member B

Name _____

Family Information:

Children residing with you:

Last Name _____ First Name _____ Middle Name _____

Birth date: Month _____ Day _____ Year _____ Sex: Female Male

Current school grade _____ Name of School _____

Last Name _____ First Name _____ Middle Name _____

Birth date: Month _____ Day _____ Year _____ Sex: Female Male

Current school grade _____ Name of School _____

Last Name _____ First Name _____ Middle Name _____

Birth date: Month _____ Day _____ Year _____ Sex: Female Male

Current school grade _____ Name of School _____

Children not residing with you:

Name _____ Birth date _____

Spouse Name _____ Birth date _____

Congregational Affiliation: _____

Address _____ City _____

State _____ Zip _____ Phone (_____) _____ E-Mail _____

Name _____ Birth date _____

Spouse Name _____ Birth date _____

Congregational Affiliation: _____

Address _____ City _____

State _____ Zip _____ Phone (_____) _____ E-Mail _____

Name _____ Birth date _____

Spouse Name _____ Birth date _____

Congregational Affiliation: _____

Address _____ City _____

State _____ Zip _____ Phone (_____) _____ E-Mail _____



Member A

Member B

Name _____

Name _____

To help us get to know you: *(please indicate Member A or B on all information)*

When I was growing up, my family was affiliated with a congregation that was:

Reform Conservative Orthodox Other

Unaffiliated Non-Jewish

Religion practiced _____

When I was growing up, my family was affiliated with a congregation that was:

Reform Conservative Orthodox Other

Unaffiliated Non-Jewish

Religion practiced _____

My Religious Background as an adult:

Reform Conservative Orthodox Other

Unaffiliated Non-Jewish

Religion practiced _____

My Religious Background as an adult:

Reform Conservative Orthodox Other

Unaffiliated Non-Jewish

Religion practiced _____

Affiliations:

Please list community organizations of which you are a member. Please check those for which you serve on the Board of Directors (Jewish and non-Jewish). If you are or have been an officer, please indicate:

Prior Synagogue Affiliation: _____

City _____ State _____

What are your interests: _____

Please list relatives and friends who are now members of Congregation Emanu-El:

Name(s)

Relationship

Cemetery: Do you own cemetery property? Yes No If yes, name of memorial park: _____

Please list names and dates of death of those for whom you wish Yahrzeit (anniversary of death) notices sent:

Name	Relationship	Month, Day and Year of Death
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Talk to us: At Congregation Emanu-El, we are committed to getting feedback from our members about their experiences and expectations, so we hope you would include answers to the following:

1) What are your main reasons for joining? _____

2) Are there any particular programs, events, or experiences that you hope to have at Congregation Emanu-El? _____

3) Is there anything special you'd like us to know about your family? _____

4) What are 3 skills with which you are proficient and willing to share w/ TEE? _____

5) TEE works in the following 4 areas of SJ: poverty, literacy, environment and ending the genocide in Darfur. In which of these areas would you like to participate? Please circle your answer.

6) May a social justice committee member contact you to follow up? **Yes** **No**

Referred by: _____

Signature _____ Signature _____

Date: _____ Date: _____

For Office Use Only:

Membership ID: _____

Type: _____ Under 30 _____ Young Adult _____ Regular _____ Senior
_____ Single _____ Family _____ Single Parent Family

Input: _____ Accounting: _____ Executive Director _____ Membership Director _____

Date of input: _____

Member A:
Name: _____

Member B:
Name: _____

**CONGREGATION EMANU-EL
MEMBERSHIP COMMITMENT GUIDELINE
2009-2010**

Age by oldest person in household	FAMILY	INDIVIDUAL
ADULT over age 40	\$2,000 - \$5,000	\$1,500- \$5,000
BENEFACTOR	\$5,000+	\$5,000+
ADULT age 35-39	\$1,000	\$750
ADULT age 30-34	\$500	\$350
ADULT under age 30	\$300	\$200

At Temple Emanu-El we ask you to “choose your dues,” using the above schedule as a guideline, for your first fiscal year of membership, under our voluntary system. Our fiscal year is July 1 – June 30. After the first fiscal year, dues will be assessed according to the above schedule. No one has ever been denied membership due to financial circumstances.

Member privileges include access to clergy for weddings, use of our facility at member rates, and member priority for facility usage. Membership of at least 15 months waives the \$2,000 fee for clergy officiating and/or facility use at member rates.

I/We apply for membership in Congregation Emanu-El. I/We agree to a voluntary financial commitment for my/our first fiscal year. I/We understand that a formal financial commitment will be self-determined at the end of my/our first fiscal year of membership.

Annual Commitment \$ _____ To be paid: Annually Semi - Annually Quarterly Monthly

Payment Method:

Check Enclosed Credit Card Debit Card Electronic Funds Transfer

Credit or Debit Card Information:

I hereby authorize Congregation Emanu-El to charge my credit or debit card account in the amount of \$ _____ for membership, according to my payment option.

Please charge my Visa MasterCard American Express

Account Number: _____

Verification Code: _____ Expiration Date: _____

Name as it appears on card: _____

Billing Address: _____ Zip Code: _____

Daytime Phone Number: _____

Account Holder’s Signature: _____ Date: _____

\$36 of your contribution covers your annual subscription to our monthly publication, The Temple Chronicle.

FOR OFFICE USE ONLY:

Type: Under 30 _____ Young Adult _____ Regular _____ Senior _____

Single _____ Family _____ Single Parent Family _____

Input: _____ Date of input: _____ Accounting: _____ Executive Director: _____ Membership Director: _____