## CONGREGATION TEMPLE ISRAEL

1140 W. Governor Street Springfield, Illinois 62704 217-546-2841 www.templeisraelspringfield.org

## **Application for Membership**

(Please complete and return to the Temple office.)

*Applicant	M/F	*Co-Applicant	M / F
*Address			
*Landline and/or cell #		*Landline and/or cell #	
*E-mail		*E-mail	
Occupation		Occupation	
*Work phone		*Work phone	
*Names of children under 21 or enro	olled in college		
Name	Date of Birth	Hebrew Name	
			_
			_
*Indicates information be listed in the you wish any information to be omit	ne Temple's memberted from the direct	ory.	·
Emergency contact information:			
	Address		
	Landline and/d		

Please check the line that applies to your household:		Annual Due	Annual Dues	
	Single Adult	\$745		
	Single Adult (with chil	dren) \$975		
	Family	\$1,225		
	I am under 30 years of	age and request a two-y	vear 50% dues reduction	
It is understood that my member to such synagogue honors as m privileges and rights as are pro-	ay be bestowed upon me	; yahrzeit and memoria	•	
The congregational year is from submitted with this application billed quarterly.	•	•	-	
(applicant's signature)		(date)		
If you wish to participate in a sprovide Hebrew names.	ervice, (e.g. Torah readir			
Hebrew name	Hebrev	w name		
Father's Hebrew name		Father's Hebrew name		
Mother's Hebrew name		Mother's Hebrew name		
Kohen Levi	Yisrael Kohen	Levi	Yisrael	
Please list yahrzeits you would	like to have observed:			
Name	Relationship	Date	Date	