

# Bat Yam Temple of the Islands

## New Member Form

Please print. Please fill out the front and back of this form.

Today's Date: \_\_\_\_\_

**NAME(S):** \_\_\_\_\_

Mobile Phone Numbers (For Family members, please provide the mobile phone for each member):

\_\_\_\_\_

Email Addresses (For Family members, please provide the email address for each member):

\_\_\_\_\_

**Local SW Florida Address (if applicable):**

\_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Full-Time or Part-Time in Southwest Florida? \_\_\_\_\_

If Part-Time, Months Typically Spent in Florida (please circle all that apply):

January	April	July	October	February
May	August	November	March	June
September	December			

**Other Address (if applicable):**

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

**Primary Congregation Name & Location (if primary is other than Bat Yam Temple of the Islands):**

\_\_\_\_\_

**Other Congregation(s) Memberships Name(s) & Locations (if applicable):**

\_\_\_\_\_

**Birthday(s) (identify by Name(s) and Date(s)):**

\_\_\_\_\_

**Anniversary (if applicable):** \_\_\_\_\_

**Yahrzeit Remembrance(s)** (identify by Name(s), Date(s), and Relationship to you):

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**Optional**  
**Please circle all that apply:**

**Religious Background** (circle as many as apply):

Reform    Conservative    Orthodox    Unaffiliated

**MEMBERSHIP DUES**

**FULL MEMBERSHIP** (8 weeks or more in SW Florida)

FAMILY: \$1050.00    SINGLE: \$550.00    \$ \_\_\_\_\_

**AFFILIATE MEMBERSHIP** (less than 8 weeks in SW Florida)

FAMILY: \$550.00    SINGLE: \$300.00    \$ \_\_\_\_\_

**SECURITY FEE**    \$150.00 PER HOUSEHOLD

**TOTAL:**    \$ \_\_\_\_\_

*Please return completed application and check to:*  
**BAT YAM TEMPLE OF THE ISLANDS, P.O. BOX 84, SANIBEL, FL 33957**