

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
February
March

April
May
June

July
August
September

October
November
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):

Optional
Please circle all that apply:

Religious Background (circle as many as apply):

Reform Conservative Orthodox Unaffiliated

Volunteer Interest(s):

Caring Finance Programs Technology
Concert Governance Publicity/Communications Tzedakah
Development Membership Social Action Venue & Security
Education Other: _____

Special Skills or Hobbies:

Accounting Film History Medicine Photography Torah Reading
Athletics Finance Law Music Poetry Travel
Current Events Graphic Design Marketing Performance Technology Writing
Other Skills: _____

MEMBERSHIP DUES

FULL MEMBERSHIP (8 weeks or more in SW Florida)

FAMILY: \$850.00 SINGLE: \$450.00 \$ _____

AFFILIATE MEMBERSHIP (less than 8 weeks in SW Florida)

FAMILY: \$450.00 SINGLE: \$225.00 \$ _____

TOTAL: \$ _____

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