Bat Yam Temple of the Islands

New Member Application

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

| | Today's Date: | | | | | | | | |
|---------------------------------|---|-----------------------------|---------------------------------|--|--|--|--|--|--|
| NAME(S): | | | | | | | | | |
| Mobile Phone Number | obile Phone Numbers (For Family members, please provide the mobile phone for each member) | | | | | | | | |
| Email Addresses (For I | Family members, please p | rovide the email address | s for each member): | | | | | | |
| | dress: | | | | | | | | |
| City | Zip | Home Phone | | | | | | | |
| Full-Time or Part-Time | in Southwest Florida? | | | | | | | | |
| If Part-Time, Months | s Typically Spent in Flori | da (please circle all that | t apply): | | | | | | |
| January February March | April May June | July August September | October November December | | | | | | |
| Other Address (if app | licable): | | | | | | | | |
| City | StateZi | p Home I | Phone | | | | | | |
| Primary Congregatio | n Name & Location (if prin | nary is other than Bat Ya | am Temple of the Islands): | | | | | | |
| | | | | | | | | | |
| Other Congregation(| s) Memberships Name(| s) & Locations (if applica | able): | | | | | | |
| Birthday(s) (identify by | Name(s) and Date(s)): | | | | | | | | |
| Anniversary (if annlica | ble): | | | | | | | | |
| | | | | | | | | | |
| Vahrzoit Romombran | rals) (identify by Namala |), Date(s), and Relations | shin to vou). | | | | | | |

Optional Please circle all that apply:

| Religious Background (circle as many as apply): | | | | | | | | | | | |
|---|------------------------------|-----------------|----------------|--------------------------|-------------|------------------|---------------|--|--|--|--|
| Reform | Reform Conservative Orthodox | | Unaffiliated | | | | | | | | |
| Volunteer Interest(s): | | | | | | | | | | | |
| Caring | Caring Fina | | nance Programs | | S | Technology | | | | | |
| Concert | | Governance | | Publicity/Communications | | Tzedakah | | | | | |
| Developr | nent | Membership | | Social Action | | Venue & Security | | | | | |
| Educatio | n | Other: | | | | _ | | | | | |
| Special Skills or Hobbies: | | | | | | | | | | | |
| Accountin | g | Film | | History | Medicine | Photography | Torah Reading | | | | |
| Athletics | | Financ | ce | Law | Music | Poetry | Travel | | | | |
| Current E | vents | Graph | nic Design | Marketing | Performance | Technology | Writing | | | | |
| Other Ski | lls: | · · · · · · · · | | | | | | | | | |

Please return this form in the enclosed pre-addressed, pre-stamped envelope to Bat Yam Temple of the Islands, P.O. Box 84, Sanibel, Florida 33957.

Bat Yam's annual Membership Dues are: \$1,050 for a full *family* membership plus \$150 for security fees, <u>or</u> \$550 for a full *individua*l membership plus \$150 for security fees. Checks should be made payable to Bat Yam Temple of the Islands.