

Name: _____ Date: _____



**2025-2026/5785-5786
Membership Application**

8600 Jog Road, Boynton Beach, Florida 33472 Phone: 561-369-1112 Fax: 561-369-0930 www.templetoratemet.org

FAMILY INFORMATION

Adult 1: (Please Print)

Name: Mr./Mrs./Ms./Dr./Rabbi/Cantor _____

Home Address: _____ City: _____ Zip: _____

2nd Address (if Applicable) _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Community: _____

Date of Birth: ____/____/____ **Marital Status:** _____ **Anniversary:** _____

Are you Jewish by Birth? ____ Are you Jewish by Choice? ____ Kohen ____ Levi ____ Yisroel ____

Hebrew Name: _____ Ben /Bat _____ and _____

Current Occupation: _____ Are you interested in getting more involved? ____

Past Occupation: _____

Adult 2: (Please Print)

Name: Mr./Mrs./Ms./Dr./ Rabbi/Cantor _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Date of Birth: ____/____/____

Are you Jewish by Birth? ____ Are you Jewish by Choice? ____ Kohen ____ Levi ____ Yisroel ____

Hebrew Name: _____ Ben Name _____ Bat Name _____

Occupation: _____ Are you interested in getting more involved? ____ (See Page 3)

Number of Children under 18 years - Living at Home: _____

Child 1 Name: _____ DOB: ____/____/____ Hebrew Name _____

Child 2 Name: _____ DOB: ____/____/____ Hebrew Name _____

Child 3 Name: _____ DOB: ____/____/____ Hebrew Name _____

Child 4 Name: _____ DOB: ____/____/____ Hebrew Name _____

I (we) hereby apply for admission as a member of Temple Torat Emet and agree to abide by its rules and Constitution.

Signed: (Adult 1) _____ Date: _____

Signed: (Adult 2) _____ Date: _____

Name: _____ Date: _____

Previous Synagogue Name: _____ Location: _____

Previous Synagogue Leadership Positions: _____

Yahrzeit Information:

*English Name: _____ Hebrew Name: _____

Relationship to which member: _____ Parent, child, other relationship? _____

Date of Death (Secular): _____ Before Sundown: _____ After Sundown: _____

*English Name: _____ Hebrew Name: _____

Relationship to which member: _____ Parent, child, other relationship? _____

Date of Death (Secular): _____ Before Sundown: _____ After Sundown: _____

*English Name: _____ Hebrew Name: _____

Relationship to which member: _____ Parent, child, other relationship? _____

Date of Death (Secular): _____ Before Sundown: _____ After Sundown: _____

*English Name: _____ Hebrew Name: _____

Relationship to which member: _____ Parent, child, other relationship? _____

Date of Death (Secular): _____ Before Sundown: _____ After Sundown: _____

*English Name: _____ Hebrew Name: _____

Relationship to which member: _____ Parent, child, other relationship? _____

Date of Death (Secular): _____ Before Sundown: _____ After Sundown: _____

(Do you have more information on above? Please attach additional page.)

EMERGENCY CONTACTS

In case of emergency, please contact:

Name: _____ Relationship: _____ Phone # _____

Name: _____ Relationship: _____ Phone # _____

Name: _____ Date: _____

SKILLS and INTERESTS:

We value your time and talents and encourage you to take an active part in Temple life as a volunteer. Please check one or more areas that interest you.

Adult			Adult		
One	Two		One	Two	
<input type="checkbox"/>	<input type="checkbox"/>	Sisterhood	<input type="checkbox"/>	<input type="checkbox"/>	Ritual Committee
<input type="checkbox"/>	<input type="checkbox"/>	Men’s Club	<input type="checkbox"/>	<input type="checkbox"/>	Facilities Committee
<input type="checkbox"/>	<input type="checkbox"/>	Choir	<input type="checkbox"/>	<input type="checkbox"/>	Fundraising Committee
<input type="checkbox"/>	<input type="checkbox"/>	Adult Ed Programs	<input type="checkbox"/>	<input type="checkbox"/>	Social Action
<input type="checkbox"/>	<input type="checkbox"/>	Adult B’nai Mitzvah	<input type="checkbox"/>	<input type="checkbox"/>	Office Volunteer
<input type="checkbox"/>	<input type="checkbox"/>	Holocaust Affairs	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen Volunteer
<input type="checkbox"/>	<input type="checkbox"/>	Youth Programming	<input type="checkbox"/>	<input type="checkbox"/>	Judaica Shop Volunteer
<input type="checkbox"/>	<input type="checkbox"/>	Religious School	<input type="checkbox"/>	<input type="checkbox"/>	Ushering Volunteer
<input type="checkbox"/>	<input type="checkbox"/>	Tikkun Olam – Tov Team	<input type="checkbox"/>	<input type="checkbox"/>	Youth Programming
<input type="checkbox"/>	<input type="checkbox"/>	Membership Committee	<input type="checkbox"/>	<input type="checkbox"/>	House/Facilities Committee
<input type="checkbox"/>	<input type="checkbox"/>	Torah Reading	<input type="checkbox"/>	<input type="checkbox"/>	Legal
<input type="checkbox"/>	<input type="checkbox"/>	Speak Hebrew	<input type="checkbox"/>	<input type="checkbox"/>	Marketing
<input type="checkbox"/>	<input type="checkbox"/>	Read Hebrew	<input type="checkbox"/>	<input type="checkbox"/>	Musical Instrument
<input type="checkbox"/>	<input type="checkbox"/>	Chant Haftarah	<input type="checkbox"/>	<input type="checkbox"/>	Office Work/Administrative
<input type="checkbox"/>	<input type="checkbox"/>	Lead Services	<input type="checkbox"/>	<input type="checkbox"/>	Photography
<input type="checkbox"/>	<input type="checkbox"/>	Kohen	<input type="checkbox"/>	<input type="checkbox"/>	Youth Leadership
<input type="checkbox"/>	<input type="checkbox"/>	Levi	<input type="checkbox"/>	<input type="checkbox"/>	Telephone Calls
<input type="checkbox"/>	<input type="checkbox"/>	Bookkeeping/Finance	<input type="checkbox"/>	<input type="checkbox"/>	Writing/Editing
<input type="checkbox"/>	<input type="checkbox"/>	Computer Skills	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	<input type="checkbox"/>	Carpentry/Electrical/Handyman	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	<input type="checkbox"/>	Graphic design/Artist			

MARKETING WAIVER

By signing below, I give permission for myself (and my family) to be photographed and video recorded. Permission is granted for use of photos and likeness for promotional and/or archival purposes at Temple Torat Emet’s discretion and without compensation.

Signed: (Adult One) _____ Date: _____

Signed: (Adult Two) _____ Date: _____

OTHER:

How did you hear about Temple Torat Emet? _____

What are you looking to gain by joining? _____

Name: _____ Date: _____

Membership Categories at Temple Torat Emet

Any person of the Jewish faith who is eighteen years of age or older shall be eligible for membership.

Please check off the appropriate membership category you are applying for:

Family Membership – A married couple or adult partners living in the same household with or without dependent children, provided that at least one of the adults is of the Jewish faith.

Family Single Membership – A household having an adult individual of the Jewish faith with one or more unmarried Jewish children who are 26 years old or younger and are living in the same household.

Single Membership – An individual of the Jewish faith who is 18 years of age or older. This membership is not available to an adult individual who is part of a married couple or adult partnership where both are Jewish.

Rabbi/Cantor Family or Single Membership – Such membership shall be extended to all clergy and their spouse and dependent children.

Honorary Membership – Such membership may be extended to individuals who have distinguished themselves and have been approved by the Board of Directors for such membership.

Associate Family or Single Membership – Such membership shall be extended to individuals or families who remain current members in good standing of another conservative Temple in another State who only live in Palm Beach County for a limited time per year.

Name: _____ Date: _____

Office use only
Temple Torat Emet
Membership Levels and Fee Form

After discussion with designated Congregation Membership/Administrative Officer, the following Membership levels and financial arrangements are applicable:

Membership Level/Type: _____

Fee Structure: Dues per annum: \$ _____

Other items \$ _____

Security \$ _____

Total: \$ _____

Payment Terms: Deposit: \$ _____

Monthly: \$ _____

Quarterly: \$ _____

Full Payment: \$ _____

Cash: ___ Check: ___ Credit Card #: _____ Exp: _____ CVV: _____

Referred to Temple Torat Emet by: _____

Other Notes: _____

I (we) agree to fulfill all financial obligations that I (we) incur with Temple Torat Emet, its schools and/or auxiliaries.

It is understood that dues and fees are payable in full upon invoicing and are non-refundable. It is understood that Payment Plans for those with special financial needs may be arranged with the Financial Consideration Committee.

"If you are married/partner and only applying for a single membership, you are the only person entitled to all of our membership benefits."

Signed: _____ Date: _____

Signed: _____ Date: _____

Deposit Received: \$ _____

Cash: ___ Check: ___ Credit Card #: _____ Exp: _____ CVV: _____

- **A 3% convenience fee is applied to credit card payments** _____ Initial.
Administrative Officer: _____ Date _____

**revised: 6.9.25*