



**Membership Form**

Date: \_\_\_\_\_

**Member #1** Name (last, first): \_\_\_\_\_  
 Salutation:  Mr.  Mrs.  Ms.  Dr. Occupation: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Birthday (mm-dd-yy): \_\_\_\_\_ Hebrew Name (*written in English*): \_\_\_\_\_  
 Affiliation / Tribe:  Israel  Levi  Kohen  
 Religious tradition in which you were raised (optional):  Reform  Conservative  Orthodox  Reconstructionist  
 Non-practicing  Non-Jewish (if so, did you convert to Judaism?  No  Yes Date: \_\_\_\_\_)

**Member #2** Name (last, first): \_\_\_\_\_  
 Salutation:  Mr.  Mrs.  Ms.  Dr. Occupation: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Birthday (mm-dd-yy): \_\_\_\_\_ Hebrew Name (*written in English*): \_\_\_\_\_  
 Affiliation / Tribe:  Israel  Levi  Kohen  
 Religious tradition in which you were raised (optional):  Reform  Conservative  Orthodox  Reconstructionist  
 Non-practicing  Non-Jewish (if so, did you convert to Judaism?  No  Yes Date: \_\_\_\_\_)

**Family Information** Home Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Anniversary (mm-dd-yy): \_\_\_\_\_

**Children's Information** 1. Child's full name: \_\_\_\_\_  
 Child's Hebrew Name (*written in English*): \_\_\_\_\_ Birthday (mm-dd-yy): \_\_\_\_\_  
 Public School grade as of September 2010: \_\_\_\_\_  Boy  Girl  
 2. Child's full name: \_\_\_\_\_  
 Child's Hebrew Name (*written in English*): \_\_\_\_\_ Birthday (mm-dd-yy): \_\_\_\_\_  
 Public School grade as of September 2010: \_\_\_\_\_  Boy  Girl  
*If more room is needed, please use a separate piece of paper.*

**Yahrzeit** 1. Departed: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Related to: \_\_\_\_\_  
 Hebrew date: \_\_\_\_\_ Civil date (mm-dd-yy): \_\_\_\_\_  
 2. Departed: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Related to: \_\_\_\_\_  
 Hebrew date: \_\_\_\_\_ Civil date (mm-dd-yy): \_\_\_\_\_  
*If more room is needed, please use a separate piece of paper.*

It is the practice at Tifereth Israel Synagogue to use photographs of members involved in activities in its publications and in other selected media. You have the right to deny permission to produce and use such photographic material by stating so in writing.

**Please provide us with a brief biography about yourself and your family for publication in our monthly newsletter:**

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**Annual Membership Commitments, 2010/11**

**Membership Levels**

|            |             |            |           |             |            |
|------------|-------------|------------|-----------|-------------|------------|
| Family     | over 35.    | \$2,100.00 | Single    | over 35.    | \$1,200.00 |
| Family     | 35 & under. | \$ 770.00  | Single    | 35 & under. | \$ 660.00  |
| First Year | Newlywed    | Free       | Associate |             | \$ 930.00  |
| Student    | 25 & under. | Free       |           |             |            |

*Member in good standing of another synagogue.  
Name of Synagogue of primary affiliation:*

\_\_\_\_\_

*All levels of membership are with or without children. College students up to age 23 are included.*

**Other Membership Fees**

Security Assessment \$ 100.00  
*A one-time fee, charged during the first year of membership.*

*Financial concerns should not be a barrier which prevents you from joining our family. Please contact Nivi Rahm by phone at (619) 697-6001 or by email at admin@tiferethisrael.com to share and resolve your concerns.*

**Payment Options**

Member Name: \_\_\_\_\_

Daytime phone or email *(in case we have questions)*: \_\_\_\_\_

Please select one of the following payment options.

- Payment in full by cash.
- Payment in full by check or credit/debit card is enclosed.  
*You may take advantage of our online payment service at [www.tiferethisrael.com/payment](http://www.tiferethisrael.com/payment)*
- Please charge my credit/debit card \$ \_\_\_\_\_, for \_\_\_\_\_ (up to 10) months, on the \_\_\_\_\_ of every month, paid in full by April 30, 2011.

We accept:  Visa  MasterCard  Discover

*Please fill out the information below and check the box below if you would consider helping us offset costs.*

- Please charge an additional 3% to my dues to help offset credit/debit card processing costs.

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail this form to Tifereth Israel Synagogue, 6660 Cowles Mountain Boulevard, San Diego, California 92119.**

**Membership Delinquency Policy:** Any membership that is over 90 days delinquent without prior arrangements may lose the benefits of membership until the account is brought current.