



**Riverdale Temple**  
 5778 - MEMBERSHIP APPLICATION  
 4545 Independence Avenue  
 Riverdale, NY 10471

Welcome to Riverdale Temple! We are delighted you have chosen to become part of our community. We hope that you will find membership an enriching experience and encourage you to explore the diverse opportunities for Jewish expression that Riverdale Temple offers. Please call upon our clergy, staff, and lay leaders whenever we can assist you in becoming part of our Riverdale Temple family. All information in this application will be treated confidentially. Please call our office at (718) 548-3800 if you have any questions at all or need assistance in filling out this application.

Application date \_\_\_\_\_

| <b>Personal Information</b>                      | <b>ADULT APPLICANT 1</b><br><input type="checkbox"/> Male <input type="checkbox"/> Female   | <b>ADULT APPLICANT 2</b><br><input type="checkbox"/> Male <input type="checkbox"/> Female   |
|--|---|---|
| Title  | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> _____  | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> _____  |
| Full Name  | _____   | _____   |
| Relationship Status                              | <input type="checkbox"/> Single <input type="checkbox"/> Married _____ (date)   | <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed   |
| Hebrew Name                                      | _____   | _____   |
| Date of Birth                                    | _____   | _____   |
| Home Address                                     | Street: _____<br>City: _____ State: _____ Zip: _____  |   |
| Phone Number(s)                                  | Home: _____<br>Cell: _____  | Home: _____<br>Cell: _____  |
| E-mail   | _____   | _____   |
|  | <input type="checkbox"/> I would like to receive temple communications via email.   | <input type="checkbox"/> I would like to receive temple communications via email.   |
| Please specify any special accommodations needed | <input type="checkbox"/> Visual impairment (large print prayer book)<br><input type="checkbox"/> Auditory impairment (assisted hearing devices)<br><input type="checkbox"/> Physically challenged<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Visual impairment (large print prayer book)<br><input type="checkbox"/> Auditory impairment (assisted hearing devices)<br><input type="checkbox"/> Physically challenged<br><input type="checkbox"/> Other _____ |

**Additional Contact Information**

How would you like your name(s) to appear on Temple mailings? We will do our best to accommodate your request.

Name(s): \_\_\_\_\_

| <b>Religious Background</b>                                   | <b>Adult Applicant 1</b>   | <b>Adult Applicant 2</b>   |
|---|--|--|
| Religious background in which you were raised                 | <input type="checkbox"/> Reform <input type="checkbox"/> Conservative<br><input type="checkbox"/> Orthodox <input type="checkbox"/><br>Other _____<br><input type="checkbox"/> Jewish unaffiliated | <input type="checkbox"/> Reform <input type="checkbox"/> Conservative<br><input type="checkbox"/> Orthodox <input type="checkbox"/><br>Other _____<br><input type="checkbox"/> Jewish unaffiliated |
| Bar/Bat Mitzvah (if applicable)<br>Date, Congregation, City   |  |  |
| Confirmation (if applicable)<br>Date, Congregation, City      |  |  |
| Congregation most recently or currently affiliated with       |  |  |
| Please list any relatives who are members of Riverdale Temple |  |  |
|   |  |  |

| <b>Business Information</b> | <b>Adult Applicant 1</b> | <b>Adult Applicant 2</b> |
|-----------------------------|--------------------------|--------------------------|
| Occupation/Title            |                          |                          |
| Area of specialization      |                          |                          |
| Employer                    |                          |                          |
| Business Phone              |                          |                          |
|                             |                          |                          |

| <b>Yahrzeit Information</b>              |               |                      |                           |
|--|---------------|----------------------|---------------------------|
| Name ( <u>and</u> Hebrew name, if known) | Date of death | Before/After sundown | Relationship to Member(s) |
|  |               |                      |                           |
|  |               |                      |                           |
|  |               |                      |                           |
|  |               |                      |                           |

I wish to celebrate these Yahrzeits on their Gregorian Hebrew date.

(Please attach a separate sheet for additional names, if necessary.)

Please call the Temple office to request information regarding our memorial plaque options.

**Please complete this section for your children ages 25 and under.**

\*\*Family Membership includes High Holy Day tickets for you and your children under the age of 26\*\*

| <b>Children's Information</b>                                       | <b>Child 1</b>  | <b>Child 2</b>  | <b>Child 3</b>  |
|---|---|---|---|
|   | <input type="checkbox"/> Male <input type="checkbox"/> Female   | <input type="checkbox"/> Male <input type="checkbox"/> Female   | <input type="checkbox"/> Male <input type="checkbox"/> Female   |
| First and middle name   |   |   |   |
| Last name<br>(if different from yours)                              |   |   |   |
| Hebrew name<br>(if known)   |   |   |   |
| Birth date  |   |   |   |
| Address<br>(if not living with you / college address)               |   |   |   |
| If child is in college, would you like holiday care packages sent?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Is this child being raised in the Jewish faith?                     | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Will this child be attending Religious School at Riverdale Temple?  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Undecided at this time | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Undecided at this time | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Undecided at this time |
| Bar/Bat Mitzvah:<br>Date, Congregation, City                        |   |   |   |
| Confirmation:<br>Date, Congregation, City                           |   |   |   |
| If previously attended Religious School, list Congregation and City |   |   |   |

*If you have more than three children, please attach an additional page.*

**Emergency Contact Information**

Please list two people other than co-applicants.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

## Opportunity for Participation, Talents, and Interests

At *Riverdale Temple*, we believe that joining a congregation is a spiritual and emotional commitment. We encourage all congregants to become involved in all aspects of life in our congregational community. In furthering this ideal, we request that upon signing this application you commit to participate in congregational life. Please indicate which of these areas interest you by checking the appropriate box or boxes. Your participation will help strengthen the community and will make your temple experience more meaningful. You will be contacted by a congregation member with more information.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Adult Learning             | <input type="checkbox"/> Fund Raising                           | <input type="checkbox"/> Sisterhood/Women of Reform Judaism |
| <input type="checkbox"/> Advertising & Publicity    | <input type="checkbox"/> Holiday Celebrations and/or decoration | <input type="checkbox"/> Social Action & Mitzvah Projects   |
| <input type="checkbox"/> Assisting with office work | <input type="checkbox"/> Library                                | <input type="checkbox"/> Transportation                     |
| <input type="checkbox"/> Budget and Finance         | <input type="checkbox"/> Membership                             | <input type="checkbox"/> Visiting the Sick and Bereaved     |
| <input type="checkbox"/> Bulletin Writing, Editing  | <input type="checkbox"/> Men's Club                             | <input type="checkbox"/> Youth Activities                   |
| <input type="checkbox"/> Choir                      | <input type="checkbox"/> Religious School Activities & projects |   |

- |                                      |   |  |  |
|--------------------------------------|---|--|--|
| <input type="checkbox"/> Auto Repair | <input type="checkbox"/> Baking/Cooking | <input type="checkbox"/> Painting/Art                  | <input type="checkbox"/> Public Relations  |
| <input type="checkbox"/> Acting      | <input type="checkbox"/> Gardening      | <input type="checkbox"/> Plumbing/Electrical/Carpentry | <input type="checkbox"/> Sewing/Needlework |
|                                      |   |  | <input type="checkbox"/> Travel            |

Other \_\_\_\_\_

*Your Application to Riverdale Temple has been received by \_\_\_\_\_ and will be processed upon receipt of membership dues. Fees: \$1,600.00 (single member) -OR- \$2,900.00 (family members). No one is turned away for an inability to pay full membership dues. Please call one of our Financial Secretaries to discuss financial arrangements/payment plans. Susan Birnbaum 718-796-1627, or Dorothy Kay 347-602-7842.*

The undersigned agrees that they are obligated to pay financial responsibilities associated with membership in Riverdale Temple. It is further understood that should the undersigned resign their membership, they remain liable for any outstanding obligations to Riverdale Temple.

**Applicant 1:** I, \_\_\_\_\_ am applying to become a Riverdale Temple member.

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

and/or

**Applicant 2:** I, \_\_\_\_\_ am applying to become a Riverdale Temple member.

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

*OFFICE USE ONLY*  
*date received:* \_\_\_\_\_  
*date entered database:* \_\_\_\_\_  
*date payment received:* \_\_\_\_\_  
*amount receive* \_\_\_\_\_