



Riverdale Temple
5782 - MEMBERSHIP APPLICATION
 4545 Independence Avenue
 Riverdale, NY 10471

**RIVERDALE
 TEMPLE**

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 _____

Personal Information	ADULT APPLICANT 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	ADULT APPLICANT 2 <input type="checkbox"/> Male <input type="checkbox"/> Female
Full Name	<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"/> _____ _____
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: _____ City: _____ State: _____ Zip: _____	
Phone Number(s)	Home: _____ Cell: _____	Home: _____ 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) <input type="checkbox"/> Auditory impairment (assisted hearing devices) <input type="checkbox"/> Physically challenged <input type="checkbox"/> Other _____	<input type="checkbox"/> Visual impairment (large print prayer book) <input type="checkbox"/> Auditory impairment (assisted hearing devices) <input type="checkbox"/> Physically challenged <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): _____

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

Business Information	Adult Applicant 1	Adult Applicant 2
Occupation/Title		
Area of specialization		
Employer		
Business Phone		

Yahrzeit Information			
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

Children's Information	Child 1	Child 2	Child 3
	<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 (if different from yours)			
Hebrew name (if known)			
Birth date			
Address (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 <input type="checkbox"/> Undecided at this time	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided at this time	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided at this time
Bar/Bat Mitzvah: Date, Congregation, City			
Confirmation: 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"/> Acting | <input type="checkbox"/> Gardening | <input type="checkbox"/> Plumbing/Electrical/Carpentry |
| | | <input type="checkbox"/> Public Relations |
| | | <input type="checkbox"/> Sewing/Needlework |
| | | <input type="checkbox"/> Travel |

Other _____

Fees: \$1,725.00 (single member) -OR- \$3,136.00 (family members). No one is turned away for an inability to pay full membership dues. Please call (718) 548-3800 ext. 1 and leave a message. One of our financial secretaries will return your call.

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 _____