

Member ID: \_\_\_\_\_



TEMPLE CHAI

4645 E. MARILYN ROAD  
PHOENIX, AZ 85032

Type: \_\_\_\_\_

## New Member Application

### Section A - Household Information

Legal Name(s) \_\_\_\_\_ Anniversary Date \_\_\_\_\_ Marital Status \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone - Home \_\_\_\_\_ Fax - Home \_\_\_\_\_

Current or previous congregational affiliation \_\_\_\_\_ Date(s) \_\_\_\_\_

### Section B - Individual 1 Information

Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Retired

Jewish Tradition you were raised:  Orthodox  Conservative  Reform  Secular

Jewish Education:  Bar/Bat Mitzvah  Confirmation If not raised Jewish, you are:  Jewish by choice  Non-Jewish

Telephone - Work \_\_\_\_\_ Fax - Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_ Job Title \_\_\_\_\_

Company \_\_\_\_\_ Type of Business \_\_\_\_\_

Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Section C - Individual 2 Information

Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Retired

Jewish Tradition you were raised:  Orthodox  Conservative  Reform  Secular

Jewish Education:  Bar/Bat Mitzvah  Confirmation If not raised Jewish, you are:  Jewish by choice  Non-Jewish

Telephone - Work \_\_\_\_\_ Fax - Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_ Job Title \_\_\_\_\_

Company \_\_\_\_\_ Type of Business \_\_\_\_\_

Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Section D - Single Children (ages 25 and under) Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ 08/09 Grade \_\_\_\_\_

Cell \_\_\_\_\_ E-mail \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ 08/09 Grade \_\_\_\_\_

Cell \_\_\_\_\_ E-mail \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ 08/09 Grade \_\_\_\_\_

Cell \_\_\_\_\_ E-mail \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ 08/09 Grade \_\_\_\_\_

Cell \_\_\_\_\_ E-mail \_\_\_\_\_ School \_\_\_\_\_

**Section E - Adult Children (Married under 26 or Single/Married over 26) Information**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Cell \_\_\_\_\_ Marital Status \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ E-mail \_\_\_\_\_  
 Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Cell \_\_\_\_\_ Marital Status \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ E-mail \_\_\_\_\_  
 Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Cell \_\_\_\_\_ Marital Status \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ E-mail \_\_\_\_\_  
 Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Section F - Yahrzeit Records** (Note that you will only receive a reminder if the date of death is included)

Please indicate whether you observe  English date or  Hebrew date

<u>Name of Deceased</u>	<u>Date of Death (M/D/Y)</u>	<u>Relationship</u>	<u>Before/After Sundown?</u>

We/I own a cemetery plot at \_\_\_\_\_

**Section G - Relatives that are members of Temple Chai**

<u>Name</u>	<u>Relationship</u>

**Section H - Community Involvement**

In order to get to know you better, please let us know if you are a supporter of, or are active in any other community organizations or charities. Please list:

\_\_\_\_\_

Special talents, skills, and interests \_\_\_\_\_

Primary reasons for joining Temple Chai \_\_\_\_\_

What do you expect from your Temple Chai membership? \_\_\_\_\_

Have you been involved in temple life? \_\_\_\_\_ Explain \_\_\_\_\_

\_\_\_\_\_

## Section I - Annual Membership Commitment 2009 - 2010 (Member Categories)

	Single		Married*	
Up to age 32	\$ 150.00		Up to age 32*	\$ 300.00
Age 33	\$ 255.00		Age 33*	\$ 620.00
Age 34	\$ 620.00		Age 34*	\$ 930.00
Age 35	\$ 930.00		Age 35*	\$1,545.00
Ages 36 & more	\$1,110.00		Ages 36 & more*	\$2,000.00

\*Age of Oldest Spouse

All members are subject to a Maintenance Fund payment of \$225.00 per year.

We welcome members regardless of income level. If your family's financial situation is such that you are unable to contribute the above minimum annual commitment, please ask for a "Request for Special Dues Adjustment" form.

## Section J - "Chai Giving Circle" 2009-2010

Please consider the mitzvah of being included in the "Chai Giving Circle". Only with dedicated support of members like you, can our temple provide for member needs in such diverse and vibrant ways. There are several levels of annual giving that you can choose (in addition to your annual commitment category):

*Aleph* \$10,000+

*Bet* \$5,400 - \$9,999

*Gimel* \$3,600 - \$5,399

*Dalet* \$1,800 - \$3,599

*Hay* \$720 - \$1,799

*Vav* \$100 - \$719

## Section K - Payment Information

I agree to pay Temple Chai for the 2009-2010 membership year:

Annual Commitment \$ \_\_\_\_\_

Donation to 2009 Chai Giving Circle \$ \_\_\_\_\_

Maintenance Fund Payment \$ \_\_\_\_\_

**Total (not including school fees)** \$ \_\_\_\_\_

By signing this form, you are permitting Temple Chai the use of any photographs, videos, and testimonials of everyone listed in this membership application in Temple Chai promotional, marketing, program materials, and media.

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

*Please complete payment method on next page*

# Easy Payment Plans

## Section L - Payment Options

### One Time Payment in full by Credit Card - We accept Visa/Mastercard/American Express

Is this a debit card?  Yes  No

\$ \_\_\_\_\_ Total Amount

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card(Please Print) \_\_\_\_\_

Address Where Credit Card Statements are Mailed to You and Phone Number:  
\_\_\_\_\_

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

### One Time Payment in full by Check:

Check # \_\_\_\_\_

### 10 Monthly Credit Card Payments - We accept Visa/Mastercard/American Express

Do you prefer your credit card to be charged on the  5th or the  20th (please check one)

Is this a debit card?  Yes  No

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card(Please Print) \_\_\_\_\_

Address Where Credit Card Statements are Mailed to You and Phone Number:  
\_\_\_\_\_

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

### 10 Monthly Electronic Debits (Be sure to include a voided check from the indicated account.)

Checking account or  Savings account (please check one) to be debited monthly.

Do you prefer payment on the  10<sup>th</sup> or the  25<sup>th</sup> of the month (please check one).

Name(Please Print) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

### For Office Use Only –

Payment Rec'd by: \_\_\_\_\_ Date Payment Rec'd: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Paid by:  Check no. \_\_\_\_\_  MasterCard  Visa  Amex  Cash  SurePay