

Member ID: _____

Type: _____



TEMPLE CHAI
4645 E. MARILYN ROAD
PHOENIX, AZ 85032

New Member Information

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

We are a very diverse community. Please tell us about your religious background:

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

We are a very diverse community. Please tell us about your religious background:

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 _____ 10/11 Grade _____

Cell _____ E-mail _____ School _____

Name _____ Date of Birth _____ 10/11 Grade _____

Cell _____ E-mail _____ School _____

Name _____ Date of Birth _____ 10/11 Grade _____

Cell _____ E-mail _____ School _____

Name _____ Date of Birth _____ 10/11 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(Member 1 or 2)</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 2012 - 2013 (Member Categories)

	Single		Married*	
Up to age 32	\$ 192.00		Up to age 32*	\$ 384.00
Age 33	\$ 312.00		Age 33*	\$ 720.00
Age 34	\$ 720.00		Age 34*	\$1,080.00
Age 35	\$1,080.00		Age 35*	\$1,800.00
Ages 36 & more	\$1,296.00		Ages 36 & more*	\$2,316.00

*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. This is a confidential process with the Office of the Executive Director.

Section J - "Chai Giving" 2012 - 2013

Please consider the mitzvah of being included in "Chai Giving," which is our annual appeal for donations to the Temple's general operating fund. Only with dedicated support of members like you can our temple provide for member needs in such diverse and vibrant ways. Each year, we ask for 100% participation from our community. Please give to the best of your ability.

I would like to make the following contribution to the Chai Giving: \$ _____

Section K - Payment Information

I agree to pay Temple Chai for the 2012-2013 membership year:

Annual Membership Commitment \$ _____

Maintenance Fund Payment \$ _____

Donation to 2012 - 2013 Chai Giving \$ _____

Total (not including school fees) \$ _____

See Back Page for Payment Options

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 # _____

12 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: _____

12 Monthly Electronic Debits - (Be sure to include a voided check or routing number and account number from the indicated account.)

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

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

Routing number (9 digits) _____ Account Number _____

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