



4645 E. Marilyn Rd
Phoenix, AZ 85032

Member ID: _____

New Member Information

Member Type: _____

Household Information

Legal Name(s) _____ Anniversary Date _____ Marital Status _____

Address _____

City _____ State _____ Zip _____

Telephone - Home _____

Current or previous congregational affiliation _____ Date(s) _____

Individual 1 Information

Preferred Name _____ Date of Birth _____ Retired

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

Telephone - Cell _____ Work _____

Email _____ Occupation _____ Job Title _____

Company _____ Type of Business _____

Company Address _____ City _____ State _____ Zip _____

Individual 2 Information

Preferred Name _____ Date of Birth _____ Retired

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

Telephone - Cell _____ Work _____

Email _____ Occupation _____ Job Title _____

Company _____ Type of Business _____

Company Address _____ City _____ State _____ Zip _____

Children (ages 25 and under) Information

Name _____ Date of Birth _____ M/F ___ 21/22 Grade _____

Cell _____ E-mail _____ School _____

Name _____ Date of Birth _____ M/F ___ 21/22 Grade _____

Cell _____ E-mail _____ School _____

Name _____ Date of Birth _____ M/F ___ 21/22 Grade _____

Cell _____ E-mail _____ School _____

Name _____ Date of Birth _____ M/F ___ 21/22 Grade _____

Cell _____ E-mail _____ School _____

Adult Children (ages 26 and over) 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 _____

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 _____

Relatives that are members of Temple Chai

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

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 _____

Annual Membership Commitment 2021 - 2022 (Member Categories)

Single (Age as of 7-1-2021)		Joint (*Age of Oldest as of 7-1-2021)	
Up to age 32	\$ 255.00	Up to age 32*	\$ 515.00
Age 33	\$ 465.00	Age 33*	\$ 825.00
Age 34	\$ 825.00	Age 34*	\$1,335.00
Age 35	\$1,235.00	Age 35*	\$2,070.00
Ages 36 & more	\$1,595.00	Ages 36 & more*	\$2,750.00

All members are subject to a Maintenance Fund payment of \$225.00, and a Security Fee payment of \$100 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 Consideration" form. This is a confidential process with the Office of the Executive Director.

Rabbi's Circle 2021 - 2022

The members of the Rabbi's Circle represent the financial pillars of our community. Those blessed with the ability to contribute beyond their basic membership commitment help to ensure the financial stability of Temple Chai, secures our ability to attract and retain world-class clergy, and allows us to deliver the care, programming and services that are the hallmark of Temple Chai. The Rabbi's Circle helps to make certain that those who face serious financial challenges are still able to be members, and are able to raise their children at Temple Chai.

Your basic Membership Dues, Maintenance Fund and Security Fee are included within the Rabbi's Circle program.

All of the members of our Rabbi's Circle will be invited to special receptions and study opportunities with our clergy, and visiting scholars and musicians throughout the year.

 **Diamond**
\$15,000
 (Single Member \$7,500)

 **Platinum**
\$11,000
 (Single Member \$5,400)

 **Gold**
\$6,500
 (Single Member \$3,600)

 **Silver**
\$5,400
 (Single Member \$3,000)

 **Bronze**
\$4,000
 (Single Member \$2,500)

Section K - Chai Giving 2021 - 2022

Please consider the mitzvah of being included in **Chai Giving**, which is our annual appeal for donations to Temple Chai's general operating fund. Only with dedicated support of our members 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.

Section L - Payment Information

I agree to pay Temple Chai for the 2021 - 2022 membership year:

Annual Membership or Rabbi's Circle Commitment	\$ _____
Security Fee Payment	\$ _____
Maintenance Fee Payment	\$ _____
Donation to 2020 - 2021 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

Payment Options

Checking or Savings Account Payment Options

One-Time Payment in full by Check or ACH: Amount \$ _____

Check # _____ (For ACH, please complete the account information below)

Equal Monthly Electronic Debits (ACH) thru June 2022:

(Be sure to include a voided check or routing number and account number from the indicated account.)

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

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 _____

Credit Card Payment Options

We accept Visa/MasterCard/American Express

(3% charge will be added to all credit card payments)

One-Time Payment in full by Credit Card: Amount \$ _____

Equal Monthly Credit Card Payments thru June 2022:

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 _____ CV# _____

Name on Card (Please Print) _____

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

Signature: _____ Date: _____

For Office Use Only –

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

Paid by: Check no. _____ MasterCard Visa Amex Cash ACH