

Adult 1

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What are your interests, hobbies, favorite activities?

What are your main reasons for joining ?

Are there any particular programs, events or experiences that you hope to have at Temple De Hirsch Sinai ?

Adult 2

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Household Information

Home Address _____
Number & Street City State Zip

Home Phone () _____ Home Fax () _____

Marital Status: Single Engaged Married Life Partner Divorced Separated Widowed

If married, please provide your anniversary date: Month _____ Day _____ Year _____

How would you like your name to appear on correspondence?
(e.g. Mr. and Mrs. John Cohen, Mrs. Eve Cohen, John and Eve Cohen, etc.)

Children Residing With You

Last Name	First Name	Gender	Birthdate	School Grade & Name
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Relatives and Friends Who Are Now Members of Temple De Hirsch Sinai

Name(s)	Relationship
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_____	_____
_____	_____
_____	_____

Yahrzeits

If you would like the name of a loved one included on the weekly Shabbat program and read as part of the Kaddish list, please call Cathleen Kallmeyer at (206) 315-7394 by 5:00 p.m. on the Monday before the Shabbat on which you would like the name read.

Temple De Hirsch Sinai also offers a Perpetual Yahrzeit program. For a one-time fee, Temple will make sure that the name of your loved one is included on the weekly Shabbat program, read as part of the weekly Kaddish list, and included in the Yahrzeit listing of the Temple Tidings. You will also be sent a notice reminding you when the name will be read. Finally, a bronze plaque with your loved ones name will be displayed in either our Seattle or Bellevue campuses during the Shabbat on which their Yahrzeit is commemorated.

Please send me information about Temple De Hirsch Sinai's Perpetual Yahrzeit program

Cemetery

Do you own cemetery property?

Yes No. If yes, name and location of memorial park: _____

If no, are you interested in information about Temple De Hirsch Sinai's Hills of Eternity Cemetery in Seattle?

Yes, please contact me with information about the Cemetery
 No, I am not interested in Cemetery information at this time

Temple De Hirsch Sinai Annual Membership Commitment Schedule 2007-2008

Temple De Hirsch Sinai welcomes all who wish to join our community regardless of their ability to pay. Realizing our YESOD (Sustaining) membership level of \$1,800 may not be possible for all, Temple De Hirsch Sinai offers alternate membership commitment levels for those who require them.

Please indicate the level of your Annual Membership Commitment below:

	HOUSEHOLD	INDIVIDUAL
YESOD (SUSTAINING) MEMBER	<input type="checkbox"/> \$1,800	_____
3,600 CIRCLE*	<input type="checkbox"/> \$3,600	_____
5,750 CIRCLE*	<input type="checkbox"/> \$5,750	_____
10,000 CIRCLE*	<input type="checkbox"/> \$10,000	_____
INDIVIDUAL MEMBERSHIP	_____	<input type="checkbox"/> \$1,250
SINGLE PARENT HOUSEHOLD	<input type="checkbox"/> \$1,000	_____
YOUNG ADULT (oldest person must be between 30 and 35 years of age)	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$800
OVER 70 YEARS OF AGE ON LIMITED INCOME (youngest person must be over 70)	Voluntary, set your own level of commitment: <input type="checkbox"/> \$ _____	
UNDER 30 YEARS OF AGE (oldest person must be under 30)	Voluntary, set your own level of commitment: <input type="checkbox"/> \$ _____	

*Please consult Ken Schlegel, Assistant Executive Director for a description of Circle Program benefits.

Membership Policies

1. Any person of the Jewish faith, eighteen years or older, upon written application, agreeing to the philosophy and objectives of this congregation as stated in the Bylaws, is eligible for membership.
2. Membership is offered to all regardless of financial ability. If you have special needs or concerns regarding our Annual Membership Commitment structure, please contact Ken Schlegel, Assistant Executive Director at (206) 315-7392.
3. **All new members shall agree to an Annual Membership Commitment when applying for membership.**
4. **All new members shall contribute to the Temple Capital Fund. The Capital Fund Contribution is the equivalent of one year of the selected Annual Membership Commitment, spread out over the course of five years.**
5. **All new members will be billed Temple's Annual Security Assessment of \$100.**
6. Annual Membership Commitments are billed and payable on the first day of the fiscal year (July 1). However, payment may also be made on a monthly basis. Payments must be made as scheduled to remain in "good standing" and to be entitled to full membership privileges, which include: High Holy Days tickets, access to clergy for lifecycle events, use of our facility at member rates, member priority for facility usage and member tuition rates for the Jennifer Rosen Meade Preschool.
7. You must be a member of Temple De Hirsch Sinai in order to enroll your child(ren) in Temple's Bridge Family Religion School.
8. Annual Membership Commitments are reviewed and adjusted at the beginning of each fiscal year.
9. Members in good standing may request High Holy Days tickets for dependent children under the age of 22 at no additional charge.
10. One year of free membership is provided to couples who are married at Temple De Hirsch Sinai, or are married by Temple clergy, or are blood relatives of current Temple members, but not married at Temple.
11. A non-Jewish spouse is welcome to participate in all activities of the congregation, but may not hold an elected office.

Method of Payment

Enclosed is my check for \$_____.

Please bill my credit card for \$_____. VISA MasterCard

Account #: _____ - _____ - _____ - _____ Exp. Date: ____ / ____ Verification Code: ____

Name as it reads on the card: _____

Frequency of payment: Annually Monthly* (10 months, September - June)

*If you choose to pay monthly, we ask that you please pay by authorizing Temple to make an automatic charge to your credit card or an automatic withdrawal from your checking account. Please attach a voided check to have your checking account automatically deducted.

My/our company/ies have **Matching Fund** programs for charitable contributions, please contact me so that I can help my Annual Membership Commitment dollars go farther.

With my/our signature below, we agree to the above and apply for membership in Temple De Hirsch Sinai

Signature of Applicant

Date

Signature of Applicant

Date