



**TEMPLE ISRAEL
VALDOSTA HEBREW CONGREGATION**

511 Baytree Road, Valdosta, GA 31602

Phone/Fax: 229 – 244-1813

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APPLICATION FOR MEMBERSHIP

Last Name: _____

Home Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip:** _____

First Name: _____ **Middle:** _____ **Hebrew:** _____

Birth Date: _____ **Occupation/Employer:** _____

Address of Employment: _____

Work Phone: _____ **e-mail:** _____

Father's Name (English): _____ **(Hebrew)** _____

Mother's Name (English): _____ **(Hebrew)** _____

Please check one: I am a () Kohen () Levi () Israelite

Spouse's Information

Last Name: (if other than yours) _____

Home Address: (if other than yours) _____

City: _____ State: _____ Zip: _____

First Name: _____ Middle: _____ Hebrew: _____

Birth date: _____ Occupation: _____

Address of Employment: _____

Work Phone: _____ e-mail: _____

Father's Name: _____ Hebrew: _____

Mother's Name: _____ Hebrew: _____

Please check one: I am a () Kohen () Levi () Israelite

Date of current marriage: (if married) _____

(Please attach a copy of the Ketuba if available)

For marital history, please attach copies of all ketrubot and Gittin that are available.

Please attach copies of any other documentations, such as copies of Bar/Bat Mitzvah certificates, Brit Milah Certificates, and/or Conversion documents. Please do not submit originals.

Former Congregational Affiliation

Congregation Name: _____ Years Member: _____

Address: _____

TEMPLE ISRAEL FINANCE POLICY

SYNAGOGUE DUES

Calendar Year: April 1 – March 1

Full Members

Single Membership: \$600

Family Membership: \$1200

Associate Members

Single Membership: \$300

Family Membership: \$600

Dues should be pledged based on income and ability. Members are encouraged to pay based on their individual ability. The annual budget currently is \$120,000 with a congregation membership of 55 families. Therefore, many members contribute beyond the minimum dues structure to allow the annual budget to be fulfilled.

Full Members are defined as being within a 60 mile radius of Temple Israel.

Associate Memberships are available for members beyond the 60 mile radius.

BUILDING FUND

All New members will be assessed a one time \$500 fee for capital expenditures to maintain the Temple Israel facility. This fee is payable over 5 years.

HEBREW SCHOOL

\$75 per child for Sunday School.

\$75 per child for Hebrew School

\$250 per child for Bar/Bat Mitzvah School.

HIGH HOLIDAY SEATS

Members: \$50 per seat for all adult members.

Members Out of Town Guests: \$50 per seat for all adult members.

In – Town Non-Members: \$300 per seat.

(In-Town Non-Member is defined as anyone within a 60 mile radius of Valdosta.)

MILITARY

Enlisted military are annual dues exempt. Hebrew School and High Holiday Seats will be due.

Officers will follow the regular dues structure.

STUDENTS

Full time students are exempt.

CONFIDENTIALITY

Dues arrangements are strictly confidential.

SHABBAT SERVICES

No person will be denied access to Shabbat Services based on their current dues status.

FUNERAL/CEMETARY

Members: \$1400 for Burial Plot, Perpetual Care, and Burial Shroud.

Non-Members: \$3800 for Burial Plot, Perpetual Care, Burial Shroud, and Rabbi/Temple Services.

Gravesites: \$800

Perpetual Care: \$400

Burial Shroud: \$200

FRIENDS OF THE RABBI

Additional gifts to the Temple are arranged between the Temple President and Treasurer And Synagogue members to enable the annual budget to be met and the obligations of the Rabbi' contract to be fulfilled.

SYNAGOGUE SERVICES AND RABBI SERVICES

Only current dues paying members will have access to to the following Temple Israel services and functions:

Rabbi special services

High Holiday seats and services

Aliyah

Yizkor services

Funeral services/Cemetary

Weddings

Bar/Bat Mitzvah

Hebrew School/Sunday School

Adult Education

Religious Conversion

Temple right to vote

Board Membership

Special Temple Functions

SYNAGOUGE FACILITY

Use of Temple Israel facility is permitted by members in good standing.

Complete cleanup is required after function. If cleanup is not completed, the member will be assessed \$200 for additional cleanup services.

CONTRIBUTIONS

Temple Israel has continued to offer South Georgia a center for Jewish services, functions, and education for over 100 years. We encourage you to consider making the Valdosta Hebrew Congregation sustainable with your charitable gifts in:

Wills

Charitable Remainder Trusts

Life Insurance Trusts

Charitable Annuity Gifts

Atlanta Jewish Federation Fund

“If I am Not for myself who will be for me; If I am only for myself what am I; If not now when”? Sayings of the Fathers

I/We are interested in helping with (feel free to check more than one):

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Sisterhood | <input type="checkbox"/> Membership Comm. | <input type="checkbox"/> Education Co |
| <input type="checkbox"/> Cemetery Comm. | <input type="checkbox"/> Minyan Comm. | <input type="checkbox"/> Social |
| <input type="checkbox"/> Hevera Kadisha | <input type="checkbox"/> Youth | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Bulletin | <input type="checkbox"/> Memorial Comm. | <input type="checkbox"/> Kashrut |
| <input type="checkbox"/> Visiting Sick | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Adult Educ |
| <input type="checkbox"/> Religious School | <input type="checkbox"/> House Comm. | <input type="checkbox"/> Library |
| <input type="checkbox"/> Programs Comm. | <input type="checkbox"/> Hillel Foundation | <input type="checkbox"/> Book Club |
| <input type="checkbox"/> Other _____ | | |

Please list any talents or interests which you might like to offer in service to Temple

Israel: _____

(Y)OUR CHILDREN ARE OUR FUTURE

English Name: _____ Hebrew: _____

School & Grade: _____ Gender: ☐ M ☐ F

English Name: _____ Hebrew: _____

School & Grade: _____ Gender: ☐ M ☐ F

English Name: _____ Hebrew: _____

School & Grade: _____ Gender: ☐ M ☐ F

English Name: _____ Hebrew: _____

School & Grade: _____ Gender: ☐ M ☐ F

**WE ARE STANDING ON THE SHOULDERS OF THOSE WHO
CAME BEFORE US**

We wish to have the following Yahrzeits recorded: (please note with date of death, whether death occurred before or after sunset)

English Name: _____ Hebrew: _____

Date of Death: ____/____/____ Hebrew Date: (if known) _____

Relationship: _____

English Name: _____ Hebrew: _____

Date of Death: ____/____/____ Hebrew Date: (if known) _____

Relationship: _____

English Name: _____ Hebrew: _____

Date of Death: ____/____/____ Hebrew Date: (if known) _____

Relationship: _____

(for additional name, please attach a list of other names)

SIGN HERE PLEASE:

I/We _____, in applying for membership to Temple Israel, The Valdosta Hebrew Congregation do certify that all the information I/We have supplied above is true to the best of my/our knowledge. I/We further agree that this application and our membership is subject to the by-laws of Temple Israel, The Valdosta Hebrew Congregation, and that I/We agree to comply with the by-laws of the Congregation.

Signed _____ Date _____

Signed (spouse) _____ Date _____

For Temple Israel, Valdosta Hebrew Congregation _____ Date _____

Please add a voluntary contribution of \$ _____ to my annual dues until further notice for dedicated use for the _____ fund.

Initial if requested: _____.