# Temple Israel Membership Form

### WHO WE ARE:

An exciting congregation serving the Greater Kansas City area, Temple Israel seeks to be the area's most inclusive and congregant-centric Jewish organization, where every member and family will feel needed and empowered as an integral part of our Jewish community.

# WHAT WE DO:

Led by Rabbi Jacques Cukierkorn, Temple Israel is a progressive Reform congregation: tolerant and international, participatory and flexible and, above all, warm and welcoming to both Jewish and interfaith families. Whether you come to Judaism by birth, conversion or marriage, Temple Israel is here to help you make Judaism a more important part of your life—in whatever ways suit your interests, means, lifestyles and beliefs.

## **CONCIERGE JUDAISM:**

Each member may work closely with the Rabbi and other congregants to design an individualized program to meet his or her needs.

### BENEFITS OF FULL MEMBERSHIP:

Full membership affords you access to the following and more:
$\square$ Temple services and Temple-related activities (such as Torah study groups, educationa
opportunities for adults and children, B'nai Mitzvah study, family services)
☐ Individualized Jewish educational program for all family members
☐ Life cycle rituals led by our Rabbi
☐ Personal access to the Rabbi as spiritual advisor and educator
☐ Support of a welcoming congregation

#### PARTICIPATION:

At Temple Israel, we encourage participation in a Jewish life—on your schedule, to fit your interests and according to your lifestyle. Participation begins with membership.

#### MEMBERSHIP:

You may join as a family or as an individual. Consider also making special gifts. One-time donations in addition to the annual dues contribution are always welcomed. Please feel free to talk to the Rabbi or a Temple Israel officer for ideas to make your donation especially meaningful and important to you and your family.

# **CONTACT INFORMATION:**

TELEPHONE: 913-940-1011 (Rabbi Jacques Cukierkorn)

FACEBOOK: Temple Israel of Greater Kansas City

# FULL MEMBERSHIP: (Check appropriate category)

"Family" for households headed by a couples

June 1 through May 31 of the following year: Renewal is authorized Jun 1, and dues will be billed and due at that time. Partial dues forgiveness only in the event of conversion to Associate or OUT of Town status.

Please take the time to fill out the personal information form. It is designed to help us get to know you and to stay in contact with you in ways that suit your personal preferences.

<sup>&</sup>quot;Individual" for households headed by a single adult. There is no charge for Religious School.

<sup>&</sup>quot;Applications" are to be accompanied by payment for 25% of the year's dues unless other arrangements have been made with the Board.

# Temple Israel Membership Information

\*for Yahrzeit, Anniversary and Birthday "dates", please include month and day - year for children\*

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Name:		
Home address:		
	City:	State: Zip:
Phone Number(s):		
(Emergency Numbers:)		
(please circle preferred number)		
		I
PERSONAL INFORMATION:	Member:	Member:
Title:		
First Name:		
Nick Name:		
Last Name:		
Suffix, Maiden Name, Etc.:		
Email(s): (please circle preferred Email)		
	refer to receive the "Temple Bulletin" a	
	Email or Regular mail	(please check one)
Occupation/Profession:		
Religious Background:		
Previous/Current Congregation:		
City, State:		
Birthday:		
Wedding:		
Conversion:		
Bar/Bat Mitzvah:		
Confirmation:		
Other:		
Congregational activities might		
you want to explore:		
Skills, hobbies or talents might		
you like to share with others.		

Please see other side to list information for children and yahrzeits observed.

	Child 1	Child 2	Child 3	Child 4	Child 5		
	Cillia I	Cilla 2	Ciliu 3	Cillia 4	Ciliu 5		
First Name:							
Middle Name:							
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Nick Name:							
Last Name:							
Suffix and/or Maiden Name:							
Birthday:							
Grade in School if Applicable:							
School if Applicable:							
Wedding:							
Other:							
	Valere alta far fara	h					
Yahrzeits for family members you would like to commemorate							
Deceased Name:	Relationship:	Member Related To:	Date Death: (dd/mm/yyyy)	Hebrew Date (if always u	sed)		