



PO Box 1378

Sag Harbor, NY 11963

Rabbi Daniel Geffen
Rabbi Emeritus Leon A. Morris

Ron Klausner, Co-President
Alan Leavitt, Co-President

MEMBERSHIP APPLICATION

I hereby apply for membership in TEMPLE ADAS ISRAEL, a Reform Jewish Congregation affiliated with the Union for Reform Judaism, and subscribe to the statement of purpose of the Temple as defined in its by-laws: "To maintain a house of worship for persons of the Jewish Faith; to provide spiritual guidance, moral and ethical teaching according to the faith of our Fathers and Mothers; to perpetuate the traditions of Jewish learning and culture; and to provide a center for the social life of the Jewish community."

ANNUAL DUES PER TYPE OF MEMBERSHIP - PLEASE SELECT ONE:

Individual or Single Parent: \$825 Family (includes all children under age 26): \$1650

Special Reduced Fees for Young Adults: Individual, Single Parent or Family where oldest person is 29 or under: FREE

Individual or Single Parent ages 30-35: \$400 Family: \$800

FOR ALL MEMBERSHIPS: PLEASE ADD \$125/PERSON - OR \$250 PER FAMILY - FOR SECURITY ASSESSMENT FEE

Dues for those joining after November 1 will be pro-rated until the beginning of the next fiscal year, beginning June 1.

BUILDING FUND COMMITMENT: Required for applicants who have not paid a Building Fund at another URJ-affiliated synagogue. If the Building Fund commitment is paid in full upon joining, the first *full* year dues will be waived. Fees:

individual Memberships: \$1,250; Family Memberships: \$2,500

Member #1 _____

Phone: Home _____
Business _____
Cell _____

Email: _____

Date of Birth: _____

If Married, Wedding Anniversary Date : _____

Dependent Children:

Name: _____
Name: _____
Name: _____

Member #2 _____

Phone: Home _____
Business _____
Cell _____

Email: _____

Date of Birth: _____

Date of Birth: _____
Date of Birth: _____
Date of Birth: _____

Primary Address:

Dates mail to be sent here:

From _____ to _____ Always _____

Secondary Address:

Dates mail to be sent here:

From _____ to _____ Always _____

Yahrzeits you would like remembered:

Relationship:

Date of Death

Signature: _____

Date: _____

Temple Adas Israel: info@TempleAdasIsrael.org or 631-725-0904
TempleAdasIsrael.org
Membership Chairs: StephenRosen@gmail.com, HowieLippman@gmail.com and
Rona Klopman; kloppy@optonline.net