



PO Box 1378

Sag Harbor, NY 11963

Rabbi Daniel Geffen  
Rabbi Emeritus Leon A. Morris

Neal Fagin, 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."

**Type of membership** (please select one)

*Individual or Single Parent Family:* Annual dues \$750; Building Fund Commitment \$1,100\*

*Couple or Two-Parent Family:* Annual dues \$1,500; Building Fund Commitment \$2,200\*

Are you a member of another Reform congregation?  YES  NO If so, name and location: \_\_\_\_\_

**Member #1** \_\_\_\_\_

Phone: Home \_\_\_\_\_  
Business \_\_\_\_\_  
Cell \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

If Married, Wedding Anniversary Date : \_\_\_\_\_

**Dependent Children:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**Member #2** \_\_\_\_\_

Phone: Home \_\_\_\_\_  
Business \_\_\_\_\_  
Cell \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Primary Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Effective dates:

From \_\_\_\_\_ to \_\_\_\_\_

Phone \_\_\_\_\_

**Secondary Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Effective dates:

From \_\_\_\_\_ to \_\_\_\_\_

Phone \_\_\_\_\_

**Yahrzeits you would like remembered:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Death

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\* Please note: If the building fund commitment is paid in full upon joining, the first year's dues are automatically waived. Contact Membership Chair for other payment options. Please make checks payable to: TEMPLE ADAS ISRAEL.

Temple Adas Israel: info@TempleAdasIsrael.org or 631-725-0904  
templeadasisrael.org  
Membership Chair, Myra Peskowitz: MyraPeskowitz@optonline.net or 631-749-0580