



MEMBERSHIP APPLICATION – 2009/2010

PERSONAL INFORMATION

Please enroll me/us in Temple Etz Rimon for membership year September 1, 2009 through August 31, 2010.

New Member Current Member

Name(s): _____

Address: _____

Phone Number: Home: _____ Cell: _____ Office: _____

E-mail Address(es): _____

Add name(s) to the Temple Etz Rimon Directory Don't add name(s) to the Temple Etz Rimon Directory

Children living at home or school

Name: _____ Birthdate: _____

DUES

- I am enclosing a check for \$700 for an annual membership fee for my household.
- I am a single adult and am enclosing a check for \$350 for an annual membership fee.
- I/We will be enrolling _____ children in the Camp Pomegranate, the Temple Etz Rimon religious and Hebrew school program. (If yes, please complete a Camp Pomegranate application form with payment for each child.)
- I am enclosing a donation of \$ _____ in excess of my membership fee. Please direct my donation to:
 - General Fund
 - Camp Pomegranate Fund (Temple Etz Rimon's religious school)
 - Camp Pomegranate Scholarship Fund
 - Rabbi's Discretionary Fund
 - Mishkan T'Filah prayerbook, each \$36 with a dedicatory inscription
 - Other _____

IMPORTANT DATES

Anniversary: _____

Birthdays:

Name _____ Date _____

Yahrzeit:

Name of Loved One	Relationship	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MY MAIN AREAS OF INTEREST ARE

- Jewish ritual Prayer services Discussions Fellowship Family Activities
- Youth Group Tikkun Olam Holiday Celebrations Caring Committee
- Classes _____ Other _____

GETTING INVOLVED

- ❖ I (we) would like to participate occasionally in the religious services. I (we) can:
 - Read Hebrew Read from Torah Chant from Torah Raise Torah
 - Wrap Torah Read English Parts Other(*explain*) _____
- ❖ I can occasionally volunteer to help with:
 - Chairs Kitchen Phone Calls Event Set Up Secretarial
 - Preparing and Disassembling the Sanctuary for Services Other _____
- ❖ I would like to serve on a committee (*name which*): _____
- ❖ I have special talents or special needs: _____
- ❖ I am willing to sponsor an oneg: Yes No

Applicant's Signature: _____ Date: _____

Comments or suggestions: _____

Please mail completed application with your check to Temple Etz Rimon.
P O BOX 130845, CARLSBAD CA 92013-0845
(760) 929-9503