



2015 – 2016 Membership Application

Contact Information

Please fill out the following information completely so that we can update our computer records.

Primary Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Occupation: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_
Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
E-mail: \_\_\_\_\_
Name (Spouse): \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Occupation: \_\_\_\_\_
Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
E-mail: \_\_\_\_\_ Wedding Anniversary: \_\_\_\_/\_\_\_\_/\_\_\_\_

May we text your cell phone with last minute updates or schedule changes? Yes No

May we list your home address and home telephone number in a TAO directory? Yes No Cell#? Y N

Family Background

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

We will honor your family's Yahrts. Please tell us:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_ Before After Sundown
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_ Before After Sundown
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_ Before After Sundown
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_ Before After Sundown

Community Involvement

I (We) wish to be active and to bond with the TAO Community and are willing to participate.
(Please list your interests e.g. Women's Spirituality Group, Men's Spirituality Group, Hebrew class, Chorus, Wisdom Class, etc.)

Name: \_\_\_\_\_ Area of specialty or interest: \_\_\_\_\_
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I would be happy to help out in: Office Telephone from home Shabbat Service Other
Who can we thank for bringing you to TAO? \_\_\_\_\_

Membership & Sponsorship

Please indicate your level of membership on the back of this form. If financially able, please contribute at the higher level.

Contribution Details (Payment in full is preferred when possible)

I am enclosing a Check for \$ \_\_\_\_\_ and the Check number is \_\_\_\_\_
Please charge my credit card: Visa MasterCard American Express Discover in this amount \$ \_\_\_\_\_

Your name as it appears on card: \_\_\_\_\_

Your Billing Address (If different than home): \_\_\_\_\_

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_/20\_\_\_\_ Code : \_\_\_\_\_

A minimum payment of \$160 per member is required to receive High Holy Day tickets.

Please indicate how you choose to cover the remaining balance on your credit card... in 7 equal installments:

Monthly (7x) Quarterly (4x) Semi-annually (2x)

I authorize charges to my card as indicated above. I understand that I am committing for the full term of charges (the full year) as my commitment is for an entire year. If I leave earlier than the full year, I am still responsible for the full year's payment.

I agree my pictures may be used for TAO publication in newsletters, website, etc.

Signature: \_\_\_\_\_ (Required for Membership Approval) Today's Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

I would like to make a one-time donation of \$25 to serve the impoverished.

"We Do More, We Give More"



**Thank you for joining our spiritual family. We look forward to sharing meaningful experiences with you.**