

# Temple Israel of Riverhead

Michael Rascoe, Rabbi  
Jaime Siegel, President

490 Northville Turnpike  
P.O. Box 1531  
Riverhead, NY 11901  
631 727-3191

## Membership Categories

## Annual Dues Payable July 1, 2015

<b>Family Membership</b> For married couples and their dependent children. Entitles husbands and wives to all membership privileges. Each spouse shall be entitled to one vote at meetings of the congregation.	\$1100.00
<b>Individual Membership</b> For single men and women as well as for men and women who are married to spouses not of the Jewish faith. An individual member shall be entitled to one vote.	\$760.00
<b>Intermarried Spouse Membership</b> For the Jewish spouse in an interfaith marriage and his or her dependent Jewish children. Only the Jewish spouse shall be entitled to one vote.	\$975.00
<b>Single Parent Membership</b> For a single parent with a dependent child or children. Only the parent shall be entitled to a vote.	\$760.00
<b>Associate Membership</b> Shall be extended to individuals or families who either 1) are full-time members in good standing of another synagogue; or 2) reside in a primary or secondary residence more than 500 miles from Temple Israel of Riverhead. Members in this category shall not be entitled to a vote.	\$760.00
<b>Newlywed Membership</b> For newly married couples for the duration of their first year of marriage. Each spouse shall be entitled to one vote.	No charge

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## High Holy Day Ticket Policy

Family Membership entitles the members to purchase High Holy Day tickets at the member rates.

Individual Members are entitled to one seat at the member rate. An Individual Member may purchase a ticket for a spouse or children, who are living in the area and are not members, at the non-member rate.

Intermarried Spouse Members may purchase tickets for themselves, their spouse and their children at the member rates.

Single Parent Members may purchase tickets for themselves and their children at the member rates.

Associate Members may purchase tickets at the member rate.

Newlywed Members may purchase tickets at the member rate.

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## MEMBERSHIP APPLICATION

Date \_\_\_\_\_

*Please print clearly*

**Membership Category, please check one:**

Family \_\_\_\_\_ Individual \_\_\_\_\_

Single Parent \_\_\_\_\_ Newlywed (first year of marriage) \_\_\_\_\_ Intermarried Spouse \_\_\_\_\_

Adult Member's Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_ Kohen \_\_\_ Levite \_\_\_ Israelite \_\_\_

Father's Name, English \_\_\_\_\_ Hebrew \_\_\_\_\_

Mother's Name, English \_\_\_\_\_ Hebrew \_\_\_\_\_

Were you Bar/Bat Mitzvahed? \_\_\_\_\_ Birthday, Month and Day \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Adult Member's Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_ Kohen \_\_\_ Levite \_\_\_ Israelite \_\_\_

Father's Name, English \_\_\_\_\_ Hebrew \_\_\_\_\_

Mother's Name, English \_\_\_\_\_ Hebrew \_\_\_\_\_

Were you Bar/Bat Mitzvahed? \_\_\_\_\_ Birthday, Month and Day \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Home address \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_

Alternate Address \_\_\_\_\_

Alternate Telephone \_\_\_\_\_ Fax number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Wedding Anniversary Month/Day \_\_\_\_\_

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## CHILDREN

English Name	Hebrew Name	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any special skills or talents you or a member of your family would make available to our synagogue (such as computer skills, musical instrument ability, proficiency in Hebrew, calligraphy, and so on):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Yahrzeits you wish to have remembered (immediate family only)

Name	Hebrew Name	Relationship	Date of Death
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____