



2011 – 2012 Membership Application & Renewal Update

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: ____/____/____
 Child's Name: _____ Birth Date: ____/____/____

We will honor your family's Yahrzeits. 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: _____
 Name: _____ Area of specialty or interest: _____

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 of \$139 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 equal installments:

Monthly Quarterly Semi-annually or enclose post-dated checks in equal installments.

I authorize charges to my card as indicated above.

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

Signature: _____ (Required for Credit Card Billing) Today's Date: ____/____/20____

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