

TEMPLE EMMANUEL OF WAKEFIELD
120 CHESTNUT STREET, WAKEFIELD MA 01880
781-245-1886
www.wakefieldtemple.org

MEMBERSHIP APPLICATION

PLEASE PRINT

Date:

ADULT #1

ADULT #2

First Name Last Name

YES_ NO_
Jewish?

Hebrew Name

Birth Date

Street Address

City State Zip

Home Phone Cell Phone

Email Address

First Name Last Name

YES_ NO_
Jewish?

Hebrew Name

Birth Date

Street Address

City State Zip

Home Phone Cell Phone

Email Address

CHILDREN:

BIRTH DATE:

PLEASE CIRCLE ANY OF THE ACTIVITIES IN WHICH YOU AND YOUR FAMILY ARE MOST INTERESTED:

Cultural Events

Ritual

Fundraising

Social Activities

Hebrew School

Continuing Education

Youth/Single Activities

Social Action

Building/Maintenance

Publicity

Library

Membership

Music

Temple Emmanuel Sisterhood

Other

Membership:

To better fulfill our sacred mission, we have replaced a traditional dues system with a personal pledge system. Your pledge is an investment in the Temple's present and future, and the amount that you pledge is up to you. Members are asked to contribute according to what their household determines is their ability to support the Temple.

The amount each member pays is private and is known only to our treasurer. We feel that this model is more closely aligned with contemporary Jewish culture and values. A welcome letter with additional information will follow.

Membership Acceptance:

I/we hereby apply for membership in Temple Emmanuel of Wakefield. I/we understand that membership is automatically renewed at the end of each year unless I/we submit resignation in writing.

ADULT #1:

Signature

Date

ADULT #2:

Signature

Date

Family members who wish to be on our mailing list/email list but do NOT wish to be members:

Temple Emmanuel asks for your contact information so we can build a closer community and help members stay in touch. We may share your email address or phone number with other members if they want to get in touch with you. Do you agree to share your email or phone number with other members?

- [] Yes, I want to share my contact information with other Temple Emmanuel members
- [] No, I do not want to share my contact information with other Temple Emmanuel members."

Please mail this application to:
Temple Emmanuel of Wakefield
120 Chestnut Street
Wakefield MA 01880
Attn: MEMBERSHIP

You can also email the completed application to: **membership@WakefieldTemple.org**
For additional information or if you have questions, please contact us at 781-245-1886 or at info@wakefieldtemple.org.

Once the application is received, we will expedite your application!

THANK YOU FOR CONSIDERING TEMPLE EMMANUEL OF WAKEFIELD!