



TEMPLE ISAIAH MEMBERSHIP APPLICATION

12200 Scaggsville Road • Fulton, MD 20759

• 301.317.1101 •

www.templeisaiah.org • info@templeisaiah.org

FAMILY INFORMATION

ADULT #1

ADULT #2

Last Name:	Last Name:
First Name:	First Name:
Nickname:	Nickname:
Cell Phone:	Cell Phone:
Email:	Email:
Profession/Occupation:	Profession/Occupation:
Work Phone:	Work Phone:
Date of Birth:	Date of Birth:

Wedding Anniversary (mm/dd/yy):

Home Phone:

Home Address:

City :

State:

Zip:

RELIGIOUS BACKGROUND

All are welcome at Temple Isaiah. We are a congregation with many diverse backgrounds. We recognize each person is on their own spiritual journey, and hope you will discover how you can find your way with us.

Previous Synagogue Affiliation _____

Adult 1 Hebrew Name _____ B'nai Mitzvah Date _____

Adult 2 Hebrew Name _____ B'nai Mitzvah Date _____

We are an interfaith Family

_____ is a Jew by Choice. Conversion Date _____

CHILDREN LIVING AT HOME/FULL TIME STUDENTS

First Name:	Last Name:	
Birth Date:	Gender:	Hebrew Name:
B'nai Mitzvah Date:	<input type="checkbox"/> Entering 5th, 6th or 7th Grade and needs a B'nai Mitzvah date	
Previous Religious School:	Years Attended:	
School/University	Grade:	
Email:	High School Class of:	

First Name:	Last Name:	
Birth Date:	Gender:	Hebrew Name:
B'nai Mitzvah Date:	<input type="checkbox"/> Entering 5th, 6th or 7th Grade and needs a B'nai Mitzvah date	
Previous Religious School:	Years Attended:	
School/University	Grade:	
Email:	High School Class of:	

First Name:	Last Name:	
Birth Date:	Gender:	Hebrew Name:
B'nai Mitzvah Date:	<input type="checkbox"/> Entering 5th, 6th or 7th Grade and needs a B'nai Mitzvah date	
Previous Religious School:	Years Attended:	
School/University	Grade:	
Email:	High School Class of:	

ADULT CHILDREN

Name:	Spouse's Name:
Address:	
Contact Number:	Email:

Name:	Spouse's Name:
Address:	
Contact Number:	Email:

YAHREIT RECORDS

English Name of Deceased	Relationship to Congregant i.e. Mother of David	Date of Death (English)	Would you like to observe the English or Hebrew date?	Indicate if time of death was before or after sunset

Would you like information on Financial Aid? Yes No

How did you learn about Temple Isaiah? Please check all that apply:

- We are a Preschool family We are a Religious School family
 Print Advertising Which publication? _____
 Online Where? _____
 At a program Which program? _____
 From a member Who? _____

I WOULD LIKE INFORMATION ON

- | | | |
|--|---|--|
| <input type="checkbox"/> Kulanu (Religious School) | <input type="checkbox"/> Temple Isaiah Preschool | <input type="checkbox"/> Youth Groups |
| <input type="checkbox"/> Sisterhood | <input type="checkbox"/> Men's Club | <input type="checkbox"/> Renaissance (Empty Nesters) |
| <input type="checkbox"/> Social Action Committee | <input type="checkbox"/> Care Committee | <input type="checkbox"/> Volunteer at Isaiah's Gifts |
| <input type="checkbox"/> Choir | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Volunteer Opportunities |
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Lay Leader Participation | <input type="checkbox"/> <i>Mechadeish</i> |
| <input type="checkbox"/> connectIon (20s/30s) | <input type="checkbox"/> Young Family Programming | |

SKILLS AND TALENTS

- | | | |
|---|--|---|
| <input type="checkbox"/> Advertising/Public Relations | <input type="checkbox"/> Writing/Editing | <input type="checkbox"/> Read/Chant Torah |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Teacher | <input type="checkbox"/> Play an Instrument |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Sign Language | <input type="checkbox"/> Knit Crochet |
| <input type="checkbox"/> Non-Profit Administration | <input type="checkbox"/> Spanish | <input type="checkbox"/> Adult Choir |

DO YOU HAVE ANY RELATIVES WHO ARE MEMBERS OF TEMPLE ISAIAH?

Name: _____ Relationship: _____

WHO'S WHO AT TEMPLE ISAIAH

RABBI

Rabbi Craig Axler

EXECUTIVE DIRECTOR

Shelley Engel, FSA

ASSISTANT RABBI

Rabbi Amanda K. Weiss

CANTORIAL SOLOIST

Rebecca Droller

DIRECTOR OF LIFE LONG LEARNING

Rachel Petroff Kessler

RABBI EDUCATOR

Rabbi Daniel Plotkin

DIRECTOR OF EARLY CHILDHOOD EDUCATION

Allison Weil

OFFICE MANAGER

Beth Luntz

CLERGY EXECUTIVE ASSISTANT

Bea Brodsky

COMMUNICATIONS COORDINATOR

Raya Kridel

KULANU ASSISTANT

Joanne Brazinski

OPERATIONS MANAGER

Amy Bittinger

BEHAVIORAL SPECIALIST

Jenny Carchman, LCSW-C

TEMPLE ISAIAH MEMBER COMMITMENT STRUCTURE 2023-2024

MEMBERSHIP CATEGORY	MEMBER COMMITMENT	SECURITY FEE
Family	\$3,382	\$125
Single Parent Family	\$2,539	\$125
Single	\$1,697	\$125
Senior Family One member 65 years or older and the other member at least 60 years old	\$2,029	\$125
Senior Single 65 years or older	\$1,014	\$125
Young Married Both under 30 with no children (Age 30–33 follows Young Family)	\$448	\$125
Young Single Auxiliary Single under 30 years of age	\$229	\$125
Family with Young Children Oldest child 5 years or younger	\$1,352	\$125
Family with Young Children Oldest Child 6 years old	\$1,867	\$125
Family with Young Children Oldest Child 7 years old	\$2,539	\$125

Discounts are available to active duty military members. Please contact Shelley Engel, Executive Director to discuss.

All membership obligations may be paid in full or by using the following payment schedule: Member commitment obligation is divided into 10 monthly installments from July - April.

Shulcloud provides more options for payments; you can now pay by credit card, echeck and make recurring payments on your own schedule. Direct Debit through the office is still available and of course we will accept checks at any time.

To make other arrangements or to discuss Financial Assistance please contact Shelley Engel, Executive Director.