

TOURO SYNAGOGUE



WELCOME TO TOURO SYNAGOGUE

We would be delighted for you to choose to become part of our community. This congregation is filled with beautiful contradictions – an elegant, historic sanctuary and an intimate, embracing chapel; an active group of knowledgeable sages and a vibrant young adult community; a love of enduring Jewish traditions and a drive for spiritual innovation and forward motion; a commitment to the inner life of our congregational family and a constant energetic force that engages with the renewal of greater New Orleans. It is a very full experience of Jewish life. We hope that you will find membership an enriching experience and we encourage you to explore the diverse opportunities that Touro offers.

Please call upon our clergy, staff and lay leaders whenever we can assist you. All information in this application will be treated confidentially. Please call the synagogue office at 504.895.4843 should you have any questions or need assistance completing this application. We look forward to welcoming you to our Touro family, getting to know you and sharing many memories in the future.

VOLUNTARY ANNUAL SUPPORT

Touro Synagogue operates on a Voluntary Annual Support system based on the projected budget for the fiscal year, which represents the actual annual operating cost per household. **If each household were to support Touro at the same sustaining level, that amount would currently be \$2,400.** The \$2,400 level is a guideline to help you determine an appropriate amount to give; it is our hope that those who can give more, will, in order to supplement those who cannot. And that those who cannot afford that level will give what they can – no questions asked. While the actual annual operating cost per household is \$2,400, every contribution, no matter the size, is deeply meaningful and helps make it possible for Touro to be here for you. Everyone who requests membership at Touro Synagogue is welcomed regardless of their financial ability.

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www.tourosynagogue.com

Find us on Facebook @TouroNOLA

MEMBER A Male Female Other

Mr. Mrs. Ms. Dr. Other _____

Last Name _____

First _____ MI _____

Nickname _____

Hebrew Name _____

Home Address _____

City _____ ST _____ Zip _____

Phone (home) _____

Phone (cell) _____

Email _____

Date of Birth _____ / _____ / _____

Anniversary _____ / _____ / _____

Occupation _____

Employer _____

Work Email _____

Phone (work) _____

Please do not include our information in the membership directory

JEWISH / HEBREW BACKGROUND

Previous Synagogue Affiliation _____

Board Member _____

Committee Member _____

Religious School Teacher _____

Read Hebrew Chant Torah Speak Hebrew

MEMBER B (spouse/partner) Male Female Other

Mr. Mrs. Ms. Dr. Other _____

Last Name _____

First _____ MI _____

Nickname _____

Hebrew Name _____

Home Address _____

City _____ ST _____ Zip _____

Phone (home) _____

Phone (cell) _____

Email _____

Date of Birth _____ / _____ / _____

Anniversary _____ / _____ / _____

Occupation _____

Employer _____

Work Email _____

Phone (work) _____

JEWISH / HEBREW BACKGROUND

Previous Synagogue Affiliation _____

Board Member _____

Committee Member _____

Religious School Teacher _____

Read Hebrew Chant Torah Speak Hebrew

YAHRZEIT INFORMATION

Relationship to Member A / Member B (please circle)

Name _____ A / B Date of Death _____ / _____ / _____

Name _____ A / B Date of Death _____ / _____ / _____

Name _____ A / B Date of Death _____ / _____ / _____

Name _____ A / B Date of Death _____ / _____ / _____

Name _____ A / B Date of Death _____ / _____ / _____

FAMILY INFORMATION

Children living at home:

Name _____ M F Other Date of Birth ____/____/____

Grade (Secular School) _____ Grade (Religious School) _____ Cell Phone (if applicable): _____

Name _____ M F Other Date of Birth ____/____/____

Grade (Secular School) _____ Grade (Religious School) _____ Cell Phone (if applicable): _____

Name _____ M F Other Date of Birth ____/____/____

Grade (Secular School) _____ Grade (Religious School) _____ Cell Phone (if applicable): _____

Name _____ M F Other Date of Birth ____/____/____

Grade (Secular School) _____ Grade (Religious School) _____ Cell Phone (if applicable): _____

My children are not being raised Jewish

Children away from home:

Name _____ Age _____ Marital Status _____

Address _____

Name _____ Age _____ Marital Status _____

Address _____

Relatives in Congregation (not living in this household)

Name(s) _____ Relationship _____

Name(s) _____ Relationship _____

Additional Information

Are there special needs in your family which we should be aware of? _____

Is there someone in your household who is not a member of our congregation? _____

Relationship _____ Jewish/other _____

VOLUNTEER OPPORTUNITIES

We believe that congregational membership at Touro is an opportunity for active spiritual, emotional, and physical participation in the full life of our synagogue community. It is our sincerest hope and expressed desire that upon joining our congregation, you will commit to participate in the richness of this synagogue experience. We invite you to indicate below which areas may interest you. If you are interested in participating in an arena not listed below, we invite you to indicate that as well. Your active involvement in the life of this synagogue is important to us. You will strengthen our community and add richness to your own experiences here. A congregation member will contact you with more information on the areas below that are of interest to you. We welcome you and look forward to having you as a part of our invested community.

- Adult Learning
- Caring & Mitzvah Committee
- Choir (volunteer choir)
- Fundraising
- Library & Archives Committee
- Membership / Welcoming Committee
- Religious School Teacher: _____

(Grade or subject of interest)

- Religious School Volunteer
- Social Action Committee
- Special Events Committee
- Technology / Website Committee
- Youth Group Events
- Other area of interest: _____
- Other area of interest: _____

ANNUAL SUPPORT PLEDGE

Ideally, in order to meet our budget, each household would be responsible for \$2,400 annually - which is the actual annual operating cost for each family. We hope that those who can give more, will, in order to supplement those who cannot.

Please review the suggested levels and pledge an amount that feels right for you and your family. Help support this special community that supports us all.

To ensure that our synagogue can plan responsibly, we kindly request that you declare your voluntary annual support pledge along with your preferred payment schedule and method of payment below.

Voluntary support pledges are made for an entire year. Annual pledges are then prorated according to your join date. This prorated process is necessary to align our new members with our fiscal year which runs July 1 - June 30.

PATRON CATEGORY	CONTRIBUTION LEVEL
Amudim / Pillars	\$15,000 +
Bonim / Builders	\$10,000 - \$14,999
Ozrim / Helpers	\$5,000 - \$9,999
Chaverim / Friends	\$3,000 - \$4,999
ANNUAL SUPPORT	CONTRIBUTION AMOUNT
Sustainer	\$200 per month minimum
Supporter	\$150 per month suggested minimum
Student	\$10 per month suggested minimum

Your voluntary annual support does not include tuition or fees for Religious School, Uptown Hebrew or B'nai Mitzvah; those will continue to be paid by the families utilizing them.

My voluntary annual support pledge is:

\$ _____

- I have enclosed a check for full payment.
- I will make a partial payment now and will pay any remaining balance by Dec. 31, 2015.
- I request an extended payment plan and will arrange for monthly or quarterly deductions from my checking account or credit card.

Signature

Signature

Date

Please submit your completed application by mail, email, or fax:
4238 Saint Charles Avenue, New Orleans, LA 70115
membership@toursynagogue.com fax: 504.897.0237