

TOURO SYNAGOGUE



WELCOME TO TOURO SYNAGOGUE

We would be delighted for you to become a 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 in the work of building a more complete and just world. 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 Synagogue 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

Since 2014, Touro Synagogue has operated under a voluntary annual support system, turning away from a fee-for-service approach to congregational life, and asking our members to give from their hearts, at a level that they feel is both comfortable and meaningful. Cited in the New York Times, our progressive approach to synagogue membership is more closely aligned with our values. We hope our new membership system continues to open the doors of the Touro synagogue community.

Every contribution, no matter the size, is deeply meaningful and helps make it possible for Touro to be here 365 days a year – along with the leadership, programming, and support you expect, appreciate, and count on.

4238 Saint Charles Avenue, New Orleans, LA 70115
(ph) 504.895.4843 (fax) 504.897.0237
membership@tourosynagogue.com
www.tourosynagogue.com

Find us on Facebook @TouroNOLA

We value the uniqueness of each congregant and we are committed to providing a community that is inclusive and accessible. If you or someone in your family requires special accommodations in order to access the fullness of synagogue life, please contact the office at (504) 895-4843

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 _____ Relationship _____ A / B Date of Death _____ / _____ / _____

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

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

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

Name _____ Relationship _____ 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.

- | | |
|---|---|
| <input type="checkbox"/> Adult Learning | <input type="checkbox"/> Religious School Volunteer |
| <input type="checkbox"/> Caring & Mitzvah Committee | <input type="checkbox"/> Social Action Committee |
| <input type="checkbox"/> Choir (volunteer choir) | <input type="checkbox"/> Special Events Committee |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Technology / Website Committee |
| <input type="checkbox"/> Library & Archives Committee | <input type="checkbox"/> Youth Group Events |
| <input type="checkbox"/> Membership / Welcoming Committee | <input type="checkbox"/> Help with our Garden |
| <input type="checkbox"/> Religious School Teacher: _____ | <input type="checkbox"/> Help in our office |
| | <input type="checkbox"/> Other areas of interest: _____ |

(Grade or subject of interest)

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 \$2,600.** The \$2,600 level is a guidance 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 \$2,600, 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 welcome regardless of their financial ability.

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	\$2600 annually
Supporter	\$1800 annually
Student	\$120 annually

Our fiscal year begins July 1st and ends June 30th.

Your annual support pledge 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 for the 2018-2019 fiscal year covering July 2018 through June 2019 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, 2018.
- 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
info@tourosynagogue.com fax: 504.897.0237