



2016 – 2017 MEMBERSHIP APPLICATION

Please fill out the following information completely so that we can update our computer records.

CONTACT INFORMATION

PRIMARY NAME _____ BIRTH DATE ____/____/____ OCCUPATION _____

ADDRESS / CITY / STATE / ZIP _____

HOME PHONE NUMBER _____ CELL PHONE NUMBER _____ WORK NUMBER _____

EMAIL ADDRESS _____

SPOUSE NAME _____ BIRTH DATE ____/____/____ OCCUPATION _____

HOME PHONE NUMBER _____ CELL PHONE NUMBER _____ WORK NUMBER _____

EMAIL ADDRESS _____ WEDDING ANNIVERSARY ____/____/____

MAY WE LIST YOUR HOME ADDRESS AND HOME TELEPHONE NUMBER IN A TAO DIRECTORY? YES NO CELL PHONE NUMBER? YES NO

MAY WE TEXT YOUR CELL PHONE WITH LAST MINUTE UPDATES OR SCHEDULE CHANGES? YES NO

FAMILY BACKGROUND

CHILD'S NAME _____ BIRTH DATE ____/____/____ CHILD'S NAME _____ BIRTH DATE ____/____/____

WE WILL HONOR YOUR FAMILY'S YAHRTZEITS. PLEASE TELL US:

NAME _____	RELATIONSHIP _____	DATE OF DEATH ____/____/____	<input type="checkbox"/> BEFORE SUNDOWN	<input type="checkbox"/> AFTER SUNDOWN
NAME _____	RELATIONSHIP _____	DATE OF DEATH ____/____/____	<input type="checkbox"/> BEFORE SUNDOWN	<input type="checkbox"/> AFTER SUNDOWN
NAME _____	RELATIONSHIP _____	DATE OF DEATH ____/____/____	<input type="checkbox"/> BEFORE SUNDOWN	<input type="checkbox"/> AFTER SUNDOWN
NAME _____	RELATIONSHIP _____	DATE OF DEATH ____/____/____	<input type="checkbox"/> BEFORE SUNDOWN	<input type="checkbox"/> AFTER SUNDOWN

COMMUNITY INVOLVEMENT

I (WE) WISH TO BE ACTIVE AND TO BOND WITH THE TAO COMMUNITY AND ARE WILLING TO PARTICIPATE. YES NO
(PLEASE LIST YOUR INTERESTS E.G. WOMEN'S OR MEN'S SPIRITUALITY GROUP, WISDOM CLASS, CHORUS, SPA DAY, CHESED, PHONE COMMITTEE ETC.)

NAME _____ AREA OF SPECIALTY OR INTEREST _____

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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

MINIMUM PAYMENT OF \$160 PER MEMBER IS REQUIRED TO RECEIVE HIGH HOLY DAY TICKETS. PAYMENT IN FULL IS PREFERRED.

AMOUNT \$ _____

CHECK # _____ VISA MC AMEX DISCOVER CARD# _____ EXP DATE ____/____/____ CCV _____

SIGNATURE _____ TODAY'S DATE _____ NAME AS IT APPEARS ON CARD _____

BILLING ADDRESS (IF DIFFERENT THAN HOME) _____ CITY / STATE / ZIP _____

PLEASE INDICATE HOW YOU CHOOSE TO COVER THE REMAINING BALANCE ON YOUR CREDIT CARD: MONTHLY (7X) QUARTERLY (4X) SEMI-ANNUALLY (2X)
I AUTHORIZE CHARGES TO MY CARD AS INDICATED ABOVE. I UNDERSTAND THAT I AM COMMITTING FOR THE FULL TERM OF CHARGES (THE FULL YEAR) AS MY COMMITMENT IS FOR AN ENTIRE YEAR. IF I LEAVE EARLIER THAN THE FULL YEAR, I AM STILL RESPONSIBLE FOR THE FULL YEAR'S PAYMENT.

I AGREE MY PICTURES MAY BE USED FOR TAO PUBLICATION IN NEWSLETTERS, WEBSITE, ETC. YES NO

SIGNATURE (REQUIRED FOR MEMBERSHIP APPROVAL) _____ TODAY'S DATE _____

I WOULD LIKE TO MAKE A ONE-TIME DONATION OF \$25 TO SERVE THE IMPOVERISHED.
"We Do More, We Give More"

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