

Temple Or Olam Membership Application

Name, religion: _____

Second Adult, religion: _____

Address: _____

City/State/ZIP: _____

Home Phone: _____ E-mail: _____

Office Phone: _____

Phone preference: Home Office

Child's Name: _____ Sex: _____ Age: _____ Grade: _____
list additional on back

Please list other religious/spiritual organizations or groups you and your family members belong to or attend regularly:

- | | | |
|------------------|--|---------------------------------------|
| Membership Type: | <input type="checkbox"/> Family Membership | \$1000 per family |
| | <input type="checkbox"/> Senior family | \$800 per senior family |
| | <input type="checkbox"/> Single Membership | \$500 per single member |
| | <input type="checkbox"/> Senior single | \$400 per single member |
| | <input type="checkbox"/> Student | \$36 per student member |
| | <input type="checkbox"/> *Associate member | 80% of the appropriate category above |

*Associate membership may be extended to those who are studying towards conversion to Judaism and who have demonstrated their commitment to the congregation. This type of membership comes without voting privileges and must be reviewed and renewed by the Board annually. Upon conversion, any paid remaining dues will be applied towards a full membership application.

- Payment: full amount enclosed
- full amount plus contribution enclosed
- 50% down, 50% in six months
- 25% down, 25% quarterly
- I am requesting a reduced fee

Make check out to
"Temple Or Olam"

Temple Or Olam considers the tenets of Messianic Judaism, including but not limited to Jews for Jesus and other Messianic groups, to be antithetical to the purposes of this congregation. We reserve the right to deny membership to Messianic Jews, and to revoke membership to a Messianic Jew who has joined our congregation under false pretenses.

The purpose of Temple Or Olam is to promote the observance of Judaism through worship services; to ensure the continuity of the Jewish people as a community; to educate Jews on their religion, heritage, and civilization; and to establish a Jewish presence in the faith community of Cabarrus County and the surrounding counties of North Carolina. With my signature I affirm that I support the purpose and the constitution of Temple Or Olam.

Signature / date: _____

Mail form and check to the Treasurer of Temple Or Olam:
Richard Jacobson, 9723 College View Lane, Charlotte NC 28262-9731