

Membership Application

Welcome to Temple Sholom! We're delighted that you're interested in joining our congregation. As part of the membership process, we'd like you to fill out this profile. We'll add the information to our database of membership demographics, so that we can more effectively plan for the Temple's future. Also, we'll give your name to the chairs of any committees in which you've indicated an interest.

Street Address			
ōwn	State	Zip	
Phone (Home)	Primary Home En	nail Address	
How did you become interes	ted in Temple Sholom?		

Member Information

	Member 1	Member 2	
First name			
Last name			
Gender			
Preferred pronouns			
Date of birth (m/d/y)			
Occupation			
Business phone			
Interests			
Email address			
Cell Phone #			
Anniversary (if applicable)			
Can you read Hebrew? (y/n)			
Can you speak Hebrew? (y/n)			
Can you chant Torah? (y/n)			
Have you previously belonged to a	synagogue? If so, please give	e its name & location.	
What is your Hebrew name?			
Mem. 1:	Parents' Hebrew Names		_ &
Mem. 2:	Parents' Hebrew Names		&
Is there a non-Jewish member in y	our household? yes n	10	
If so, who?		<u></u>	
What is his/her/their religious affili	ation?		

Your Children

(Children that are 25 years and younger are considered members of your household.)

	First Name	Last Name	Birthdate (m/d/y) Hebrew Name
Child 1				
Child 2				
Child 3				
Child 4				
Child 5				
	Religious	formation on your child's Bar/Bar/Bet Mitzvah	Confirmed S	ecular school
		·	Confirmed S	
Child 1	Religious	Bar/Bar/Bet Mitzvah	Confirmed S	ecular school
Child 1 Child 2	Religious	Bar/Bar/Bet Mitzvah	Confirmed S	ecular school
	Religious	Bar/Bar/Bet Mitzvah	Confirmed S	ecular school

Congregational Involvement

Getting involved in Temple activities is the best way to settle into and make friends in the congregation. Please place a check beside any activity that seems interesting, and that committee's chairperson will contact you. (Please respond for both Member 1 and Member 2.)

	Member 1	Member 2		
Adult Education				
Building & Grounds				
Adult Choir				
Fellowship & Hospitality				
Finance				
Fundraising				
Hava Nashira Band				
Holocaust Remembrance				
High Holydays				
Interfaith Outreach				
Membership				
Men's Club				
Religious Practices				
Religious School				
Rosh Chodesh				
Sholom Chaverim (5 yr. old & younger)				
Social Action				
Ushering				
Youth Group (working with teens)				
Sholom Again! (for people 45-65)				
Sisterhood				
Technology & Website				
Women On Our Own				
I want to get involved!				
Please contact me to discuss the				
different committees to see where				
I feel I am best suited.				
Is there any particular interest or skill you	have that isn't	addressed in this list	? If so, please tell us	about it.

Yarhzeit Information

Please give us the names of those in your families or close to you who have died and for whom you would like to have the Yahrzeit recited and memorialized at the Shabbat services closest to the anniversary of their death. Indicate whether you keep the English or Hebrew date; if the Hebrew date, please let us know if the date is before or after sundown. You may write any additional names and information on the bottom of this page.

Name	Relationship	Date of Death	English/Hebrew Observance	Before/After Sunset (if Hebrew observance)
Note – Month, day and	d year of passing are neces	ssary to accurately	record.	
Cemetery Information Have you made arrange	ements at a cemetery?			
If so, please supply the	name and location:			
Are you interested in c	emetery space at Mount	Lebanon in Iselin	, NJ (the cemete	ry of Temple Sholom)?
If you have made other	arrangements in the ever	nt of your death, p	lease describe the	em.

Temple Sholom Membership Agreement

I/We elect to join Temple Sholom and become part of the Temple Sholom community. We agree to pay our yearly obligations for Dues, Religious School fees (if applicable) and any supplemental fees assessed to the membership. I/We understand our membership becomes effective upon a positive vote of the Temple Board of Trustees to accept it. Our membership will continue until such time as it is terminated for cause by the Board of Trustees or until Temple Sholom receives in writing notice of my/our resignation. The acceptance of my/our resignation by Temple Sholom will be subject to the satisfaction of all outstanding financial obligations.

I/We also agree to pa	y the sum of \$2,000 toward	the Temple Building Fund th	at is payable over 6 years; \$1800 if paid
entirely in the first y	year of membership. If yo	ou have documentation that	you paid a Building Fund at another
congregation, please	submit and it will be applied	d towards your Building Fund	commitment.
I will pay the Building	Fund over 6 years	or I will pay over 1st year	r of membership
I/We wish to be billed	i		
annually	semi-annually	quarterly	monthly (billed over 12 months)
via email () or via pape	r statements
Member 1		Date	(please sign)
Member 1		Date	(please sign)

*No one will be refused membership in our congregation for financial hardship. Please contact us if you have any questions or concerns regarding payment.

Welcome to the Temple Sholom Community!