



Membership Request Form (Page 1)

300 East Putnam Avenue • Greenwich CT 06830
 203-869-7191 • Fax: 203-661-4811 • www.templesholom.com

Please fill out this form *completely*. Please print clearly.

Today's Date: _____ Date you would like to start your membership: _____

Member 1 First Name: _____ Last Name: _____ Gender: _____

Member 2 First Name: _____ Last Name: _____ Gender: _____

Home Address: _____

Member 1 Email Address: _____

Home Phone: _____ Cell Phone: _____

Member 2 Email Address: _____

Home Phone: _____ Cell Phone: _____

Marital Status: Married Single Divorced Widowed

Date and Place of Marriage: _____

	Member 1	Member 2
Full Name (including, if applicable, Maiden Name)		
Age, Place and Date of Birth		
Hebrew Name		
Occupation		
Business Name		
Business Address		
Highest Academic Grade or Degree		
If Veteran, # of Years in Service		
Parents' English Names Places of Birth Hebrew Names (if known)		
Check Hebrew Education & Ritual skills at right. Enter name and address of previous congregation below: <input type="checkbox"/> Orthodox <input type="checkbox"/> Conservative <input type="checkbox"/> Reform <input type="checkbox"/> Other _____ _____ _____ _____	_____ Years of Religious School <input type="checkbox"/> Bar/Bat Mitzvah <input type="checkbox"/> Hebrew High <input type="checkbox"/> Confirmation <input type="checkbox"/> Post Confirmation <input type="checkbox"/> LIF <input type="checkbox"/> USY <input type="checkbox"/> NFTY <input type="checkbox"/> Read Hebrew <input type="checkbox"/> Speak Hebrew <input type="checkbox"/> Lead Services <input type="checkbox"/> Sing in Choir Chant: <input type="checkbox"/> Torah/Haftorah <input type="checkbox"/> Kiddush <input type="checkbox"/> Bless Sabbath Candles	_____ Years of Religious School <input type="checkbox"/> Bar/Bat Mitzvah <input type="checkbox"/> Hebrew High <input type="checkbox"/> Confirmation <input type="checkbox"/> Post Confirmation <input type="checkbox"/> LIF <input type="checkbox"/> USY <input type="checkbox"/> NFTY <input type="checkbox"/> Read Hebrew <input type="checkbox"/> Speak Hebrew <input type="checkbox"/> Lead Services <input type="checkbox"/> Sing in Choir Chant: <input type="checkbox"/> Torah/Haftorah <input type="checkbox"/> Kiddush <input type="checkbox"/> Bless Sabbath Candles

Membership Request Form (Page 2)

300 East Putnam Avenue • Greenwich CT 06830
 203-869-7191 • Fax: 203-661-4811 • www.templesholom.com

Please fill out this form *completely*. Please print clearly.

List relatives in our congregation and their relationship to you: _____

Does your family have cemetery plots? No Yes If yes, where? _____

Please list Yahrzeit (memorial) name, relationship and date of death (so we can send you a reminder letter each year): _____

Please list children living at home:

Name	Gender	Age	Birth Date	Religious School Grade	Public School Grade	Current School	Bar/Bat Mitzvah Date

Please list children not living at home:

Name	Gender	Age	Birth Date	Address	Phone

Please list others in your household and their relationship to you:

Name	Gender	Birth Date	Relationship to You	Other Information

Please indicate any interests you might have to join or form a group: _____

Are you enrolled in our Selma Maisel Nursery School program? Yes No.

Are you on the Temple Sholom mailing list? Yes No



July 1, 2019–June 30, 2020

Temple Sholom Membership Dues

Check off applicable boxes and include with your application

The policy of Temple Sholom is that no one is denied membership due to financial circumstances.

Check Below for Membership Status	Annual Dues	Building Fund Pledge	Security Charge
<input type="checkbox"/> Family Membership One member of household over 34 years of age or single parent with children under 25 years of age	\$3,950	\$5,000 <i>Payable over five years</i> (The first pledge payment of \$1,000 is billed on July 1 of the fiscal year following the first fiscal year of your membership)	\$200
<input type="checkbox"/> Chai Senior Membership For those who have been members for 18 years or more and are over the age of 70	\$2,500	n/a	\$200
<input type="checkbox"/> Single Membership Single individual or with children over 25 years of age	\$2,300	\$2,500 <i>Payable over five years</i> (The first pledge payment of \$500 is billed on July 1 of the fiscal year following the first fiscal year of your membership)	\$200
<input type="checkbox"/> Under 35 Membership Household with both adults 34 years of age or younger	\$2,300	\$5,000 <i>Payable over eight years</i> (The first pledge payment of \$625 is billed on July 1 of the fiscal year following the first fiscal year of your membership)	\$200

Temple Sholom is a 501(c)(3) charitable organization. Dues may be considered a tax deductible contribution. Please consult your tax advisor.

Please check here if your child(ren) is enrolled in the Selma Maisel Nursery School.

Yes, I will donate \$20 to the Jewish Theological Seminary No, I decline

Yes, I will donate \$54 to the Social Action Committee No, I decline

A mandatory Building Form is attached for you to sign and submit with your application (not applicable to Chai Seniors)

Payment Schedule: Temple Sholom's fiscal year is from July 1 through June 30

Half of the current year's dues, subsequent fees and any prior outstanding balances are to be paid by August 15 in order for High Holiday tickets to be issued. The balance is due in full by December 15 each year. To discuss making special payment arrangements in confidence, please call our Executive Director Eileen Robin at 203-869-7191 ext. 139 or email eileen.robin@templesholom.com.

Please submit your check and Building Fund Pledge with this New Member application to Temple Sholom, 300 East Putnam Avenue, Greenwich CT 06830.



Building Fund Pledge Agreement

300 East Putnam Avenue • Greenwich CT 06830
203-869-7191 • Fax: 203-661-4811 • www.templesholom.com

Please fill out this form *completely*. Please print clearly.

Member 1 First Name: _____ Last Name: _____

Member 2 First Name: _____ Last Name: _____

Home Address: _____

Member 1 Email Address: _____

Home Phone: _____ Cell Phone: _____

Member 2 Email Address: _____

Home Phone: _____ Cell Phone: _____

Please check one (note: not applicable to Chai Senior Membership):

Family Membership: One member of household over 34 years of age or single parent with children under 25 years of age
I (we) hereby pledge \$5000 to the Temple Sholom Building Fund. The pledge will be paid in five equal annual installments beginning on the second year of our membership. The first pledge payment of \$1000 is billed on July 1 of the fiscal year following the first fiscal year of your membership. My (our) pledge commitment is irrevocable and not contingent upon continued membership during the payment period.

Single Membership: Single individual or with children over 25 years of age
I (we) hereby pledge \$2500 to the Temple Sholom Building Fund. The pledge will be paid in five equal annual installments beginning on the second year of our membership. The first pledge payment of \$500 is billed on July 1 of the fiscal year following the first fiscal year of your membership. My (our) pledge commitment is irrevocable and not contingent upon continued membership during the payment period.

Under 35 Membership: Household with both adults 34 years of age or younger
I (we) hereby pledge \$5000 to the Temple Sholom Building Fund. The pledge will be paid in eight equal annual installments beginning on the second year of our membership. The first pledge payment of \$625 is billed on July 1 of the fiscal year following the first fiscal year of your membership. My (our) pledge commitment is irrevocable and not contingent upon continued membership during the payment period.

Member 1 Signature

Date

Member 2 Signature (If applicable)

Date