



Temple Sholom

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: _____

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

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

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 of Birth		
Hebrew Name		
Occupation		
Business Name		
Business Address		
Highest Academic Grade or Degree		
Colleges Attended		
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 most recent 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"/> BBYO <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"/> BBYO <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



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Please list children living at home:

Name	Hebrew Name	Gender	Birth Date	Age	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

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

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

Yahrzeit Dates You Wish to be Reminded of

Name of Person Who Passed	Date of Death	(If Known) Before Sunset or After?	Relationship to You

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



Temple Sholom

July 1, 2023–June 30, 2024

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 Two or more people living in the same household, with or without dependents. Membership includes children until they are 25 years old.	\$4,320	\$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)	\$250
<input type="checkbox"/> Chai Senior Membership For those who have been members for 18 years or more and are over the age of 70	\$2,730	n/a	\$250
<input type="checkbox"/> Single Membership One person per household. This is not applicable if you have children under age 25 living at home.	\$2,500	\$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)	\$250
<input type="checkbox"/> Young Family Membership Household with oldest child age 5 or under.	\$2,500	\$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)	\$250

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.

Optional Fees:

- | | |
|---|--|
| <input type="checkbox"/> Yes, I will donate \$20 to the Jewish Theological Seminary | <input type="checkbox"/> No, I decline |
| <input type="checkbox"/> Yes, I will donate \$54 to the Temple Sholom Social Action Committee | <input type="checkbox"/> No, I decline |
| <input type="checkbox"/> Yes, I will add \$75 for the youth activity fee | <input type="checkbox"/> 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

At least half of the current year's dues, subsequent fees and any prior outstanding balances are to be paid no later than 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 Lori Baden at 203-869-7191 ext. 119 or email lori.baden@templesholom.com.

Please submit your check with this new member application to:
 Temple Sholom, 300 East Putnam Avenue, Greenwich CT 06830



Building Fund Agreement

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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:** Household, couple 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.

☐ **Single Membership:** Single individual.

I 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.

☐ **Young Family Membership:** Household with all children ages 5 and under.

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.

Please note: If you stop being a member for any reason before the Building Fund is fully paid, you are not obligated to finish paying it.

Member 1 Signature

Date

Member 2 Signature (If applicable)

Date