

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 2 Email Address:			
Marital Status: ☐ Married ☐ Single I			
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:	Years of Religious School  □ Bar/Bat Mitzvah □ Hebrew High □ Confirmation □ Post Confirmation □ LIF □ BBYO □ USY □ NFTY □ Read Hebrew □ Speak Hebrew	Years of Religious School  □ Bar/Bat Mitzvah □ Hebrew High □ Confirmation □ Post Confirmation □ LIF □ BBYO □ USY □ NFTY □ Read Hebrew □ Speak Hebrew	
☐ Orthodox ☐ Conservative ☐ Reform	☐ Lead Services ☐ Sing in Choir  Chant: ☐ Torah/Haftorah ☐ Kiddush	☐ Lead Services ☐ Sing in Choir  Chant: ☐ Torah/Haftorah ☐ Kiddush	
Other	☐ Bless Sabbath Candles	☐ Bless Sabbath Candles	



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### Please list children living at home:

rease is commercially actionic.							
Name	Hebrew Name	Gen	nder Birt Dat		Public School Grade	Current School	Bar/Bat Mitzvah Date
Please list children not living at home:							
Name	Gender	Age	Birth Date		Address		Phone

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:

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.

The policy of Temple Sholom is that no one is defined		•	
Check Below for Membership Status	Annual Dues	Building Fund Pledge	Security Charge
☐ Family Membership  Two or more people living in the same household, with our without dependents.  Membership includes children until they are 25 years old.	\$4,450	\$5,000  Payable over five years  (The first pledge payment of \$1,000 is billed on July 1 of the fiscal year following the first fiscal year of your membership)	\$350
☐ Chai Senior Membership For those who have been members for 18 years or more and are over the age of 70	\$2,810	n/a	\$350
☐ Single Membership One person per household. This is not applicable if you have children under age 25 living at home.	\$2,575	\$2,500  Payable over five years  (The first pledge payment of \$500 is billed on July 1 of the fiscal year following the first fiscal year of your membership)	\$350
☐ Young Family Membership Household with oldest child age 5 or under.	\$2,575	\$5,000  Payable over eight years  (The first pledge payment of \$625 is billed on July 1 of the fiscal year following the first fiscal year of your membership)	\$350

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 Nur	sery School.
Optional Fees:	
☐ Yes, I will donate \$20 to the Jewish Theological Seminary	☐ No, I decline
$\square$ Yes, I will donate \$54 to the Temple Sholom Social Action Committee	☐ No, I decline
☐ Yes, I will add \$75 (per child) for the youth activity fee (ages 5-12)	☐ 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:
I (we) hereby pledge \$5000 to the annual installments beginning on t	cable to Chai Senior Membership):  ple or single parent with children under 25 years of age.  Temple Sholom Building Fund. The pledge will be paid in five equal he second year of our membership. The first pledge payment of \$1000 is llowing the first fiscal year of your membership.
installments beginning on the seco	le Sholom Building Fund. The pledge will be paid in five equal annual nd year of our membership. The first pledge payment of \$500 is billed on the first fiscal year of your membership.
	nple Sholom Building Fund. The pledge will be paid in eight equal annual year of our membership. The first pledge payment of \$625 is billed on
Please note: If you stop being a mem obligated to finish paying it.	ber for any reason before the Building Fund is fully paid, you are not
Member 1 Signature	Date
Member 2 Signature (If applicable)	Date