CONGREGATION SHALOM ALEICHEM

5501 Oak Pointe Boulevard, Kissimmee, Florida 34742-2275 Mailing Address: Post Office Box 581367 Kissimmee, FL 34758 For information: 407-935-0064 www.shalomaleichem.com

MEMBERSHIP APPLICATION

GENERAL INFORMATION: Congregation Shalom Aleichem is the only unaffiliated Jewish Congregation in Osceola County, Florida. We are based on the concepts of Reform Judaism. We strive to meet the needs of all members of the Jewish Community. Please refer to the Congregation's website (www.shalomaleichem.com) for information about Friday night and Jewish Holiday services.

PLEASE PRINT CLEARLY

	Name of Each Family Member		Birthday			
Last	First	Hebrew	Mo.	Day	Email Address	
Street Addres	ss:					
City:		State:	Zip: _		Home Pho	one:/
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en Fhones.	1)1	1	2)	/	101	
	Y CONTACTS.					
EMERGENO	I CONTACTS.					
EMERGENC First Name	Last Name	Poloti	onship		Cell Phone #	Email Address

Name	Relations	ship 1	Date of Passing*		
		Mo	Da	Year	
Gregorian date – it will be converted to J	ewish/Hebrew calendar da	ite			
se additional sheet for other information					
<u>I</u>	MEMBERSHIP FEE	<u>S</u>			
ne full membership year begins Septembo	er 1 through August 31 of	the following year:			
Si	ngle Membership \$250.	00			
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Fa	mily Membership \$500.	00			

For new members, the first year membership fee will be \$125.00 for single members and \$250.00 for a family membership. Dues increase to full amount in second year.

Please contact our Treasurer about our Associate Membership for those who are in the area for only part of the year and DO NOT wish to attend High Holy Day services.

BUILDING MAINTENANCE FUND

There is a minimum Building Maintenance Fund obligation of \$250.00 for a single membership or \$500.00 for a family membership, which shall be payable to Congregation Shalom Aleichem over five (5) years from commencement of membership, at a rate not less than \$50.00 per year for a single membership or \$100.00 per year for a family membership.

ANNUAL SECURITY FEE

There is an annual fee for ongoing smembers.	security services; \$50.00 for single mem	bers and \$100.00 for family
		/ /
Signature	Signature	Date

TEMPLE PARKING LOT SECURITY

As part of our ongoing security plan, please complete this form and return it to

Congregation Shalom Aleichem Security P.O. Box 581367 Kissimmee, FL 34758

Name:					
Name:					
Phone Number:					
Cell Phone Number:					
CAR #1: Year_		Make:	Model:		
Licen	se Plate #:		Color:		
CAR #2: Year_		Make:	Model:		
Licon	aso Plato #:		Color		