



For Office Use Only: \_\_\_\_\_

## Membership Application

Welcome to Temple Shalom! Please complete the entire application and print your answers. Most of the information requested will be solely used for our confidential files. We do have a yearly Directory, free to all members, and some of the information is also pertinent to that publication. If there is information that you **DO NOT** want published, please check the **DON'T PUBLISH** box.

### Primary Member

First Full Name and Middle Initial Last Name

English Transliteration of Hebrew Name  
(i.e. Moshe ben Yaakov, will not be published)

Date of Birth (will not be published)

Employer Name (will not be published)

Work Title don't publish ☐ Work Phone don't publish ☐

Cell Phone don't publish ☐ Email don't publish ☐

#### **REVERSE DIRECTORY LISTING:**

First or Nickname Last Name

Main Contact Number don't publish ☐

Please check one (will not be published):  
☐ I am Jewish  
☐ I am not Jewish  
☐ I am converting

Please check one (will not be published):  
☐ Kohane  
☐ Levi  
☐ Yisrael

### Secondary Member

First Full Name and Middle Initial Last Name

English Transliteration of Hebrew Name  
(i.e. Moshe ben Yaakov, will not be published)

Date of Birth (will not be published)

Employer Name (will not be published)

Work Title don't publish ☐ Work Phone don't publish ☐

Cell Phone don't publish ☐ Email don't publish ☐

#### **REVERSE DIRECTORY LISTING:**

First or Nickname Last Name

Main Contact Number don't publish ☐

Please check one (will not be published):  
☐ I am Jewish  
☐ I am not Jewish  
☐ I am converting

Please check one (will not be published):  
☐ Kohane  
☐ Levi  
☐ Yisrael

#### **HOUSEHOLD INFORMATION:**

Home Phone don't publish ☐ Date of Marriage (will not be published)

Mailing Address don't publish ☐

City, State, Zipcode don't publish ☐

Previous Temple Affiliation (will not be published)

**Are you related to anyone currently a member of Temple Shalom? Whom? What relations?** (will not be published)

# For Families with Children (will not be published):

Are all the children being raised in the Jewish faith? ☐ Yes ☐ No ☐ Adult/No Children

Do you want information about our Preschool and Religious School programs? ☐ Yes ☐ No

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## Please fill out the following about any children you have:

1. \_\_\_\_\_ ☐ Male ☐ Female  
Name don't publish ☐

\_\_\_\_\_ English Transliteration of Hebrew Name (will not be published)

\_\_\_\_\_ Public School attended and Grade Level (will not be published)

\_\_\_\_\_ Religious School (will not be published)

\_\_\_\_\_ Birthdate don't publish ☐ \_\_\_\_\_ Cell Phone don't publish ☐ \_\_\_\_\_ Email don't publish ☐

2. \_\_\_\_\_ ☐ Male ☐ Female  
Name don't publish ☐

\_\_\_\_\_ English Transliteration of Hebrew Name (will not be published)

\_\_\_\_\_ Public School attended and Grade Level (will not be published)

\_\_\_\_\_ Religious School (will not be published)

\_\_\_\_\_ Birthdate don't publish ☐ \_\_\_\_\_ Cell Phone don't publish ☐ \_\_\_\_\_ Email don't publish ☐

3. \_\_\_\_\_ ☐ Male ☐ Female  
Name don't publish ☐

\_\_\_\_\_ English Transliteration of Hebrew Name (will not be published)

\_\_\_\_\_ Public School attended and Grade Level (will not be published)

\_\_\_\_\_ Religious School (will not be published)

\_\_\_\_\_ Birthdate don't publish ☐ \_\_\_\_\_ Cell Phone don't publish ☐ \_\_\_\_\_ Email don't publish ☐

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Deceased Loved Ones for our Yahrzeit Records (will not be published):

All requested information is necessary to insure that we are able to correctly notify you of approaching yahrzeits.

Name of Deceased	Relationship & to Whom	English Date of Death (B)efore or (A)fter Sundown
1. _____	_____	_____ <input type="checkbox"/> B <input type="checkbox"/> A
2. _____	_____	_____ <input type="checkbox"/> B <input type="checkbox"/> A
3. _____	_____	_____ <input type="checkbox"/> B <input type="checkbox"/> A
4. _____	_____	_____ <input type="checkbox"/> B <input type="checkbox"/> A
5. _____	_____	_____ <input type="checkbox"/> B <input type="checkbox"/> A
6. _____	_____	_____ <input type="checkbox"/> B <input type="checkbox"/> A
7. _____	_____	_____ <input type="checkbox"/> B <input type="checkbox"/> A

Please check the box if you prefer to observe yahrzeits on the English date: ☐

Notes:

## Pledge Form

NAME(S): \_\_\_\_\_

Date \_\_\_\_\_

Would you like to be on the Temple Shalom email distribution list? \_\_\_\_ Yes \_\_\_\_ No

Please provide your email: \_\_\_\_\_

### Please check your appropriate membership category:

#### Section I – CATEGORY

A. Enhanced Memberships:

Dues

- |   |         |
|---|---------|
| <input type="checkbox"/> Double Chai Membership | \$6,720 |
| <input type="checkbox"/> Chesed Membership      | \$4,200 |
| <input type="checkbox"/> Chai Life Membership   | \$3,360 |
| <input type="checkbox"/> Tzedek Membership      | \$2,400 |

----- OR -----

B. Sustaining Membership:

- |   |         |
|---|---------|
| <input type="checkbox"/> Kavod Membership | \$2,100 |
|---|---------|

----- OR -----

C. Customized Memberships:

- |  |         |
|--|---------|
| <input type="checkbox"/> First-Year Member & Active Military (1-3 years) | \$1,400 |
| <input type="checkbox"/> 22 to 29 years old – Young Professionals        | \$420   |
| <input type="checkbox"/> Full-time Student Membership                    | \$36    |

----- OR -----

D. Adjusted Dues: (based on demonstrated financial need) \$1,000 - \$1,400 \_\_\_\_\_

E. Abated Dues: (based on demonstrated financial need) Request to Executive Director by June 1 \_\_\_\_\_

*The by-laws of Temple Shalom require a minimum payment of one-twelfth (1/12) of the annual dues' commitment each month. Temple Shalom's fiscal year is July 1-June 30. All dues' payments, therefore, are due in full by June 30.*

#### Section II – PAYMENT SCHEDULE

I/We want to pay our dues (select one):

☐ Monthly

☐ Quarterly

☐ Onetime payment by August 1<sup>st</sup>

For credit card payments, visit [templeshalom.com](http://templeshalom.com) and select the Donate page, or contact the office

#### Section III – SECURITY FEE -required of all memberships

Temple Shalom has engaged a private security company for our facility during services and classes. Each household is required to contribute a minimum of \$100 annually for security.

☐ Sustaining Security Fee \$150

*I am able to give more to help protect our Synagogue:*

☐ Security Maven \$1,200 or more:

☐ Security Mensch \$540

☐ Security Tzedek \$360

Please make Dues checks out to **Temple Shalom**.

Payments may be made by check, mailed to the Temple Shalom office or online <http://www.templeshalom.com/payment.php>

*Please consider joining the following Temple Shalom organizations:*

☐ Men's Club: \$36

☐ PTO: \$54

Signature \_\_\_\_\_

Date: \_\_\_\_\_