



# For Families with Children (will not be published):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\_\_\_\_\_ English Transliteration of Hebrew Name (will not be published)

\_\_\_\_\_ Public School attended and Grade Level (will not be published)

\_\_\_\_\_ Religious School (will not be published)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\_\_\_\_\_ English Transliteration of Hebrew Name (will not be published)

\_\_\_\_\_ Public School attended and Grade Level (will not be published)

\_\_\_\_\_ Religious School (will not be published)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\_\_\_\_\_ English Transliteration of Hebrew Name (will not be published)

\_\_\_\_\_ Public School attended and Grade Level (will not be published)

\_\_\_\_\_ Religious School (will not be published)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## Deceased Loved Ones for our Yahrzeit Records (will not be published):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	<input type="checkbox"/> B <input type="checkbox"/> A
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:

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**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:  | <b>Dues</b> |
|---|-------------|
| <input type="checkbox"/> Double Chai Membership*                            | \$5,280     |
| <input type="checkbox"/> Chesed Membership*                                 | \$3,720     |
| <input type="checkbox"/> Chai Membership                                    | \$2,640     |
| ----- OR -----  |             |
| <b>B. Standard Membership:</b>  |             |
| <input type="checkbox"/> Standard Membership                                | \$1,980     |
| ----- OR -----  |             |
| <b>C. Customized Memberships:</b>   |             |
| <input type="checkbox"/> 22 to 30 yrs old                                   | \$396       |
| <input type="checkbox"/> 30 yrs old and over ( <b>new membership only</b> ) | \$1,320     |
| ----- OR -----  |             |

#### D. Adjusted Dues:

It has always been Temple Shalom's policy to offer membership to those who have financial constraints. If it would be a hardship for you to meet one of the membership categories, indicate the amount you are able to pay below. We will contact you to follow-up. All arrangements will be held in the strictest of confidence.

Requesting dues abatement to pay dues in the amount of: \$ \_\_\_\_\_

#### Section II – PAYMENT SCHEDULE

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

- Monthly
  Quarterly
  Onetime payment by August 31<sup>st</sup>

*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*

**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.html>

**Please consider joining the following Temple Shalom organizations  
(enclose a separate check for each made out to Temple Shalom Men's Club or Temple Shalom PTO):**

- Men's Club: \$36
  PTO: \$36



Signature \_\_\_\_\_

Date \_\_\_\_\_