

## 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(i.e. Moshe ben Yaakov, will not be published)

Date of Birth (will not be published)

Employer Name (will not be published)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Please check one (will not be published):  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Please check one (will not be published):  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(i.e. Moshe ben Yaakov, will not be published)

Date of Birth (will not be published)

Employer Name (will not be published)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Please check one (will not be published):  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Please check one (will not be published):  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Date of Marriage (will not be published)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Previous Temple Affiliation (will not be published)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 What relations?** (will not be published)

# For Families with Children (will not be published):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 | \$5,280 |
| <input type="checkbox"/> Chesed Membership      | \$3,720 |
| <input type="checkbox"/> Chai Membership        | \$2,640 |

----- OR -----

##### B. Standard Membership:

- |  |         |
|--|---------|
| <input type="checkbox"/> Sustaining Membership | \$1,980 |
|--|---------|

----- OR -----

##### C. Customized Memberships:

- |  |         |
|--|---------|
| <input type="checkbox"/> First-Year Member & Active Military (1-3 years) | \$1,320 |
| <input type="checkbox"/> 22 to 29 years old – Young Professionals        | \$396   |
| <input type="checkbox"/> Full-time Student Membership                    | \$36    |

----- 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 above, indicate the amount you are able to pay below. Elayna Rathmann, TS Executive Director will contact you to follow-up and all arrangements will be held in the strictest of confidence. The suggested minimum contribution is 1% of household gross income.

*Adjusted dues may be subject to a limited 6-month payment plan*

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

#### Section II – 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.

- ☐ Security Fee \$100      or      ☐ Chai Security \$180

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

- ☐ Security Weekend Mensch \$300    ☐ Security Maven Month \$1,200    ☐ Security Yasher Koah \$ \_\_\_\_\_

#### Section II – PAYMENT SCHEDULE

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

- ☐ Monthly      ☐ Quarterly      ☐ Onetime payment by August 1<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:**

- ☐ Men's Club: \$36      ☐ PTO: \$54

Signature \_\_\_\_\_

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