

Temple Sholom
Membership Registration
2019-2020/5780

Name _____
 Temple Sholom
 132 SE 11th Avenue
 Pompano Beach, FL
 33060

Office Phone : 954-942-6410
info@templesholomflorida.org
www.templesholomflorida.org

Shalom & Welcome to Temple Sholom. We are happy that you are interested in joining us or renewing as a member. Please fill out this form and return the completed form to the Office or email it to info@templesholomflorida.org *Todah Rabbah!*

Personal Information (Adults)

Unless marked private, contact information will be published in our membership directory	Adult 1 <input type="checkbox"/> Private	Adult 2 <input type="checkbox"/> Private
First Name:		
Last Name:		
Street Address:		
City, State, ZIP		
Phone (home)		
Phone (cell)		
Phone (work)		
Email:		
Date of Birth:		
Anniversary:		
Marital status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Partnered
I am Jewish::	<input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Conservative <input type="checkbox"/> Reform <input type="checkbox"/> Other	<input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Conservative <input type="checkbox"/> Reform <input type="checkbox"/> Other
Hebrew Name: If you do not have a Hebrew name, the Rabbi can help you chose one.		
Profession:		
Preferred Communication:	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> By Mail	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> By Mail

Personal Information (All Dependent Children)

Children's information is not published in our Synagogue membership directory	Child 1	Child 2	Child 3	Child 4
First Name:				
Last Name:				
Hebrew Name:				
Date of Birth				

Yahrzeit Information to add to our database (use reverse of last page additional paper is needed)

English Name	Hebrew Name w/parents	Relationship	Date of Death (English)	Date of Death (Hebrew)	Observance
					Eng. or Heb
					Eng. or Heb
					Eng. or Heb
					Eng. or Heb

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Special Volunteer Interests:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Babysitting & Child Care | <input type="checkbox"/> Family Programming | <input type="checkbox"/> Library (Adult or Children's) | <input type="checkbox"/> Social Action |
| <input type="checkbox"/> Building & Grounds | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Membership/Engagement | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Choir | <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Mitzvah Network | <input type="checkbox"/> Torah/Haftarah Reading |
| <input type="checkbox"/> Communications/Marketing | <input type="checkbox"/> Graphic Arts | <input type="checkbox"/> Office Support | <input type="checkbox"/> Usher |
| <input type="checkbox"/> Dinner-at-the-Shul | <input type="checkbox"/> Holiday Celebrations | <input type="checkbox"/> Religious School | <input type="checkbox"/> Youth |

Committee on which you would like to serve _____

Programs I/we would like to see _____

Help Us Understand You and Your Family Better:

I/We joined Temple Sholom because (New/Renewal) _____

My/Our Jewish background (New) _____

Other Comments _____

Membership Types (Select one)

- | | |
|--|--|
| <input type="checkbox"/> Platinum Chai \$7,200.00
<i>This top level of support includes the following benefits:</i> <ul style="list-style-type: none"> • Four additional Sanctuary High Holy Day seats • Two Seat Plaques in the sanctuary • Two free admissions to all temple sponsored events • Major Aliyah on Rosh Hashanah, Yom Kippur, Sukkot and Pesach • A full page ad in any temple program journal | <input type="checkbox"/> Gold Chai Membership \$5,400.00
<i>This premium membership includes</i> <ul style="list-style-type: none"> • Four additional Sanctuary Tickets for the High Holy Days • Two Seat Plaques in the Sanctuary • Two Free Admissions to all Temple sponsored events • Major Aliyah on Rosh Hashanah, Yom Kippur, Sukkot and Pesach |
|--|--|

- | | |
|--|---|
| <input type="checkbox"/> Silver Chai Membership \$3,600.00
<i>This Membership Level includes</i> <ul style="list-style-type: none"> • Two additional Sanctuary seats for the High Holy Days • Two 50% off admissions to all Temple sponsored events • One Sanctuary seat plaque • Major Aliyah during Rosh Hashanah, Yom Kippur, Sukkot and Pesach | <input type="checkbox"/> Chai Membership \$1,800.00
<i>This Membership Level includes</i> <ul style="list-style-type: none"> • Two High Holy Day Sanctuary seats for adults and two Sanctuary seats for children 18 or under. • Two 25% off admissions to all Temple sponsored events • Major Aliyah during Rosh Hashanah, Yom Kippur, Sukkot and Pesach |
|--|---|

- | | |
|---|---|
| <input type="checkbox"/> Family/Couple under age 40 Membership \$742.00
<i>This Membership Level includes two High Holy Day Sanctuary seats and two Sanctuary seats for children 18 and under</i> | <input type="checkbox"/> Family/Couple over age 40 Membership \$1,484.00
<i>This Membership Level includes two High Holy Day Sanctuary seats for adults and two Sanctuary seats for children 18 and under</i> |
|---|---|

- | | |
|--|--|
| <input type="checkbox"/> Single Membership \$742.00
<i>This Membership Level includes one High Holy Day Sanctuary seat</i> | <input type="checkbox"/> Snowbird Couple Membership \$742.00
<i>High Holy Day seats are available for purchase</i> |
|--|--|

- Snowbird Single Membership** \$396.00
High Holy Day seats are available for purchase

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Payment Calculations (all payments must be completed on or before 06/30/2020)

<i>Description</i>	<i>Amount</i>	<i>Total Amount</i>
Membership Dues (see previous page based on membership type)		
Security Fee (yearly)	60.00	
Sisterhood Membership	25.00	
		\$

Payment Type: CASH CHECK CREDIT CARD: Visa MC AmEx Discover

Signature: _____ **Date:** _____

This signature affirms that I will make payments as noted above, and if I selected a credit card payment, authorize Temple Sholom to charge my credit card (listed below) for any outstanding balances per the selected payment frequency. Furthermore, this signature affirms my continuing membership in Temple Sholom; Temple Sholom will bill me each membership year (July 1-June 30) and it is my responsibility to notify the Synagogue if I wish to end my membership or change my Payment method. Per this agreement, I am responsible for paying all dues up to the date I cancel my membership. Members will be notified about changes in membership dues.

Name on Card: _____ **Expiration Date:** _____ / _____

Card Number: _____ **Security Code** _____ **Billing Zip Code:** _____

Please note: To protect your confidentiality, Temple Sholom does not store credit card numbers after they have been entered into the payment processing system. Please enter the current credit card you would like to use for your payment, and *please be sure it does not expire prior to end of your payment schedule. If this is not possible, please provide a current card to the billing office as soon as your card is renewed.*