

Member Profile

HOUSEHOLD INFORMATION

NAME: _____

Please print name(s) as you wish to be listed on Temple roster, i.e. Jane and Jon Cohen

Permanent Address

City _____ State _____ Zip code _____

Local/Seasonal Address

City _____ State _____ Zip code _____ Arrive/Depart dates _____ to _____

Permanent home phone *(if applicable)* _____ Seasonal home phone *(if applicable)* _____

Personal Status Single Partnered Divorced Widowed Married (Wedding Anniversary ____/____/____)

	ADULT A INFORMATION	ADULT B INFORMATION
First and Last name		
Hebrew name <i>(if applicable)</i> <i>Please use English letters.</i>		
Nickname		
Birthdate mm/dd/yyyy	____/____/____	____/____/____
Religious Background	<input type="checkbox"/> Reform <input type="checkbox"/> Traditional <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Jewish-by-choice <input type="checkbox"/> Other _____	<input type="checkbox"/> Reform <input type="checkbox"/> Traditional <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Jewish-by-choice <input type="checkbox"/> Other _____
Other religious background		
Email		
Cell phone		
Retired	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Semi-retired	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Semi-retired
Occupation <i>(Former Occupation)</i>		
Specialization or expertise:		
Company Name		
Phone		
Address		
City		
State, Zip code		

OTHER INFORMATION

Do you have any special needs? Yes No Please specify: _____

Would you like a personal meeting with: Rabbi Cantor Executive Director President

How did you hear about Temple Shalom? Relative Advertising Website Other _____

Temple Shalom

One family, many connections

CHILDREN (UNDER 25)

FULL NAME	GENDER	BIRTHDATE (MM/DD/YYYY)	HEBREW NAME (If applicable) Please use English letters
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		

EMERGENCY CONTACT

NAME	RELATIONSHIP	CELL PHONE	ADDITIONAL TELEPHONE NUMBER

RELATIVES WHO ARE MEMBERS OF TEMPLE SHALOM

NAME	RELATIONSHIP	PHONE NUMBER

YAHZREIT INFORMATION (The remembrance of the anniversary of the passing of a loved one)

NAME	RELATIONSHIP	RELATED TO	FULL DATE OF DEATH MM/DD/YYYY	Calendar observed
		<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B	<input type="checkbox"/> Day <input type="checkbox"/> Night	<input type="checkbox"/> English <input type="checkbox"/> Hebrew
		<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B	<input type="checkbox"/> Day <input type="checkbox"/> Night	<input type="checkbox"/> English <input type="checkbox"/> Hebrew
		<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B	<input type="checkbox"/> Day <input type="checkbox"/> Night	<input type="checkbox"/> English <input type="checkbox"/> Hebrew
		<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B	<input type="checkbox"/> Day <input type="checkbox"/> Night	<input type="checkbox"/> English <input type="checkbox"/> Hebrew
		<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B	<input type="checkbox"/> Day <input type="checkbox"/> Night	<input type="checkbox"/> English <input type="checkbox"/> Hebrew
		<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B	<input type="checkbox"/> Day <input type="checkbox"/> Night	<input type="checkbox"/> English <input type="checkbox"/> Hebrew

VOLUNTEER OPPORTUNITIES

Our greatest resource is our people. We encourage all congregants to become involved in all aspects of life in our congregational community. Your participation will help strengthen the community and will make your Temple experience more meaningful.

Please review the opportunities listed below and let us know if you are interested to joining our team of volunteers.

<input type="checkbox"/> Adult Education	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B	<input type="checkbox"/> Judaica Shop	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B	<input type="checkbox"/> Photography	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B
<input type="checkbox"/> Baking for the Onegs	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B	<input type="checkbox"/> Leadership	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B	<input type="checkbox"/> Preschool	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B
<input type="checkbox"/> Caring Connection	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B	<input type="checkbox"/> Men's Club	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B	<input type="checkbox"/> Religious School	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B
<input type="checkbox"/> Choir	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B	<input type="checkbox"/> Mitzvah Day	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B	<input type="checkbox"/> Sisterhood	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B
<input type="checkbox"/> Greeter	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B	<input type="checkbox"/> Office Assistance	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B	<input type="checkbox"/> Social Action	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B

OUR/MY STORY

Please share a picture and short bio introducing yourself/yourselfs. Please include any hobbies and special interests you may enjoy. Please note that the picture and bio requested will be used for internal purposes only to introduce you to our clergy and lay leaders. **This can also be emailed to our membership coordinator, Ana Maria Tamargo (atamargo@naplestemple.org).**

EXAMPLE

Jacob and Leah Newcomer are loving parents to 2 girls, Rebecca (9) and Jane (6). They met in Manhattan and lived in Rye, NY for 7 years prior to relocating to Naples. Jacob grew up in Brooklyn and is an Investment Banker for Morgan Stanley. He was on the board of directors for UJA-Federation of New York along with serving on the board at the Jewish Federation of Naples, United Jewish Organizations and National Jewish Outreach Program in Manhattan, NY. Leah grew up in Chicago, IL and moved to Manhattan to study at the New York School of Interior Design and has launched her own interior design business in Naples. Jacob is an avid golfer and Leah loves the beach and baking. The girls both attend Naples Academy of Ballet as well as play the piano and violin. As a family they enjoy visiting adventure parks and visiting all the Disney Parks around the world.



YOUR L'SHALOM PLEDGE

Temple Shalom is deeply committed to ensuring that membership in our congregation is accessible to everyone, regardless of financial situation. We have, therefore, replaced the traditional Temple dues structure with a L'Shalom pledge that supports our mission, vision and goals of the Congregation.

Each year we determine the per-household donation required for us to maintain our exemplary programming, remarkable clergy and staff, and provide for the operations of our Congregation.

- The sustaining amount for a one adult household is \$1,100.
- The sustaining amount for a household of two or more adults is \$2,200.

There are many factors that impact how much a member pledges. We ask that your pledge be financially reasonable for you and honors our commitment to each other, to our Temple community, and to our Jewish future.

We(I) am/are pleased to make a *L'Shalom* pledge for 2019-2020 in the amount of \$ _____

Please note that our fiscal year runs from July 1, 2019 to June 30, 2020. You may decide to pro-rate your pledge based on your start date.

Signature

Signature

Date

*Temple Shalom respects the privacy of your personal, financial and membership information.
We appreciate every gift!*

Thank you

Please submit completed form to our Membership Engagement Coordinator, Ana Maria Tamargo.

Temple Shalom
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Naples, Florida 34119
239-455-3030
www.naplestemple.org