

Beth Sholom Synagogue of Memphis

Application and Contract for Membership



BETH SHOLOM
S Y N A G O G U E

Opening hearts and minds to the blessings of Jewish life
Uplifting and inspiring one another on our Jewish journeys

6675 Humphreys Boulevard
Memphis, TN 38120
Telephone (901) 683-3591
Fax (901) 683-3592
www.bsholom.org

Membership Contract

Thank you for your interest in joining Beth Sholom Synagogue. We are an inclusive, egalitarian Conservative congregation, established in 1955. Beth Sholom is a 501C-3 not-for-profit institution that is supported partially by the dues of its members and the building fund, as well as by donations and fundraisers. We look forward to your involvement in synagogue life, as well as your financial support.

Membership Levels:

General Membership

- Two Jewish adults with or without dependent children
- One Jewish adult & one non-Jewish spouse/domestic partner with or without dependent children (Jewish partner may opt for an Individual Membership)

Individual Parent Membership (Individual Jewish adult with dependent children) \$1,575.00

Individual Membership (Individual Jewish adult) \$1,050.00

Young Adult Membership (Individual Jewish Adult under age 30) Contact to discuss

Associate Membership (Primary at another dues-dependent synagogue) \$ 450.00

Name of synagogue at which you maintain a full membership: _____

Annual Dues:

\$2,100.00

Building Fund Assessment (Divided over first 5 years of membership)

General Membership

5 Year Pledge:

\$3,600.00

Individual Parent Membership

\$2,700.00

Individual Membership

\$1,800.00

Young Adult Membership

\$ 600.00

Associate Membership

N/A

Building Maintenance Supplement (After first 5 years of membership)

General Membership

\$200.00

Individual Parent Membership

\$150.00

Individual Membership

\$100.00

Young Adult Membership

N/A

Associate Membership

N/A

Security Supplement

\$50

•Dues are billed monthly over a 10 month period beginning January 1st. We welcome pre-payment of dues in full, or you may choose to be billed on a schedule. Dues for an incomplete year are pro-rated at the beginning of membership. **Dues are considered current on a quarterly basis**, and a minimum of three quarters of total dues must be paid at least one week prior to the High Holidays. Members in need of financial assistance may request an *Application for Dues Reduction* from Geo Poor, Executive Director at 901 683-3591 x209 or geo@bsholom.org. Those paying reduced dues are billed monthly over a 12 month period.

•Future member financial obligations to the Synagogue will cease when a member tenders his or her membership resignation in writing. All prior Synagogue obligations accrued up to that date will be immediately due.

I hereby apply for membership to Beth Sholom Synagogue and promise to abide by its Constitution, By-Laws, and Policies. I agree to pay all financial obligations to Beth Sholom Synagogue in full, including but not limited to annual dues, building fund assessments, future pledges, tuition and fees, and program charges. Upon termination of membership for any reason, I agree to pay all outstanding financial obligations from prior years and a pro-rated amount of current year dues through the effective date of membership termination.

Name: _____

Signature: _____ Date: _____

MEMBER INFORMATION

Type of Membership: Please circle one:

General

Individual Parent

Individual

Young Adult

Associate

1st Member Name: _____
(Title) (First) (Middle) (Last)

Hebrew Name: _____ Kohen/Levi/Israelite: _____

Gender: M / F Birthdate: _____ Email Address: _____

Home Address: _____

City/State/Zip: _____

Home Phone Number: _____

Occupation: _____

Work Phone: _____ Mobile Phone Number: _____

:

If Applicable: Conversion Date: _____ Conversion Synagogue & Rabbi: _____

2nd Member Name: _____
(Title) (First) (Middle) (Last)

Gender: M / F Birthdate: _____ Email Address: _____

Occupation: _____

Work Phone: _____ Mobile Phone Number: _____

Hebrew Name: _____ Kohen/Levi/Israelite: _____

If Applicable: Conversion Date: _____ Conversion Synagogue & Rabbi: _____

Anniversary date (if married): _____

CHILDREN'S INFORMATION

Child Name: _____
(First) (Middle) (Last)

Hebrew Name: _____ Kohen/Levi/Israelite: _____

Gender: M / F Birthdate: _____ Email Address: _____

Mobile Phone Number: _____

Conversion Date: _____ Conversion Synagogue & Rabbi: _____

Child Name: _____
(First) (Middle) (Last)

Hebrew Name: _____ Kohen/Levi/Israelite: _____

Gender: M / F Birthdate: _____ Email Address: _____

Mobile Phone Number: _____

Conversion Date: _____ Conversion Synagogue & Rabbi: _____

Child Name: _____
(First) (Middle) (Last)

Hebrew Name: _____ Kohen/Levi/Israelite: _____

Gender: M / F Birthdate: _____ Email Address: _____

Mobile Phone Number: _____

Conversion Date: _____ Conversion Synagogue & Rabbi: _____

Child Name: _____
(First) (Middle) (Last)

Hebrew Name: _____ Kohen/Levi/Israelite: _____

Gender: M / F Birthdate: _____ Email Address: _____

Mobile Phone Number: _____

Conversion Date: _____ Conversion Synagogue & Rabbi: _____

Yahrzeit Information
Please list your loved ones

English Name Hebrew Name Family Relationship Date of Death (before/after sundown)

Please let us know if you are interested in participating in any of the following areas of synagogue life:

Adult Education Interested Member(s) _____

Torah/Haftarah Chanting Interested Member(s) _____

Minyan/Service Participation Interested Member(s) _____

Tikkun Olam Interested Member(s) _____

Chevrah Kadisha (Cemetery) Interested Member(s) _____

Choir Interested Member(s) _____

Fundraising Interested Member(s) _____

Programming Development Interested Member(s) _____

Youth Groups Interested Member(s) _____

Sisterhood Interested Member(s) _____

Men's Club Interested Member(s) _____

Old Enough to Know Better Interested Member(s) _____