

# **Beth Sholom Synagogue of Memphis**

## **Application and Contract for Membership**



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](http://www.bsholom.org)

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) \$1,650.00

Individual Membership (Individual Jewish adult) \$1,100.00

Young Adult Membership (Individual Jewish Adult under age 30) Starts at \$18/month

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

Name of synagogue at which you maintain a full membership: \_\_\_\_\_

#### Annual Dues:

\$2,200.00

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

General Membership

Individual Parent Membership

Individual Membership

Young Adult Membership

Associate Membership

#### 5 Year Pledge:

\$3,600.00

\$2,700.00

\$1,800.00

\$ 600.00

N/A

#### Building Maintenance Supplement (After first 5 years of membership)

General Membership

Individual Parent Membership

Individual Membership

Young Adult Membership

Associate Membership

\$200.00

\$150.00

\$100.00

N/A

N/A

#### Security Supplement

\$50

•Dues are billed monthly over a 10 month period, unless there is a different preference, beginning July 1<sup>st</sup>. 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 we ask that current bills be paid at least one week prior to the High Holidays. Members in need of financial assistance may discuss Dues Reduction with Geo Poor, Executive Director at 901 683-3591 x209 or [geo@bsholom.org](mailto: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

1<sup>st</sup> Member Name: \_\_\_\_\_  
(Title) (First) (Middle) (Last)

Gender: \_\_\_\_\_ Pronouns: \_\_\_\_\_ Email Address: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ Kohen/Levi/Israelite: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

If Applicable: Conversion Date: \_\_\_\_\_ Conversion Synagogue & Rabbi: \_\_\_\_\_

2<sup>nd</sup> Member Name: \_\_\_\_\_  
(Title) (First) (Middle) (Last)

Gender: \_\_\_\_\_ Pronouns: \_\_\_\_\_ Email Address: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ Kohen/Levi/Israelite: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

If Applicable: Conversion Date: \_\_\_\_\_ Conversion Synagogue & Rabbi: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Anniversary date (if partnered): \_\_\_\_\_

## CHILDREN'S INFORMATION

Child Name: \_\_\_\_\_  
(First) (Middle) (Last)

Hebrew Name: \_\_\_\_\_ Kohen/Levi/Israelite: \_\_\_\_\_

Gender: \_\_\_\_\_ Pronouns: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Email Address: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Conversion Date: \_\_\_\_\_ Conversion Synagogue & Rabbi: \_\_\_\_\_

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Child Name: \_\_\_\_\_  
(First) (Middle) (Last)

Hebrew Name: \_\_\_\_\_ Kohen/Levi/Israelite: \_\_\_\_\_

Gender: \_\_\_\_\_ Pronouns: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Email Address: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Conversion Date: \_\_\_\_\_ Conversion Synagogue & Rabbi: \_\_\_\_\_

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Child Name: \_\_\_\_\_  
(First) (Middle) (Last)

Hebrew Name: \_\_\_\_\_ Kohen/Levi/Israelite: \_\_\_\_\_

Gender: \_\_\_\_\_ Pronouns: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Email Address: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Conversion Date: \_\_\_\_\_ Conversion Synagogue & Rabbi: \_\_\_\_\_

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Child Name: \_\_\_\_\_  
(First) (Middle) (Last)

Hebrew Name: \_\_\_\_\_ Kohen/Levi/Israelite: \_\_\_\_\_

Gender: \_\_\_\_\_ Pronouns: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Email Address: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Conversion Date: \_\_\_\_\_ Conversion Synagogue & Rabbi: \_\_\_\_\_

**Yahrzeit Information**  
**Please List Your Loved Ones**

<u>English Name</u>	<u>Hebrew Name</u>	<u>Family Relationship</u>	<u>Date of Death (before/after sundown)</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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) _____
Chesed Committee	Interested Member(s) _____
Development	Interested Member(s) _____
Programming	Interested Member(s) _____
Youth Education	Interested Member(s) _____
Sisterhood	Interested Member(s) _____