



**GENERAL INFORMATION:**

**Member 1:** (m/f) Name \_\_\_\_\_ I am Jewish: Y N  
Primary address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
Time at Primary address (month / yr) \_\_\_\_\_ through (month / yr) \_\_\_\_\_ Home # \_\_\_\_\_  
Secondary address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
Time at Secondary address (month / yr) \_\_\_\_\_ through (month / yr) \_\_\_\_\_

*This information is important for mailings, as we make every attempt to mail to the appropriate address at the appropriate time.*

Cell # \_\_\_\_\_ Email \_\_\_\_\_  
Birthday \_\_\_/\_\_\_/\_\_\_ Profession/Occupation: \_\_\_\_\_

**Member 2:** (m/f) Name \_\_\_\_\_ I am Jewish: Y N  
Primary address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
Time at Primary address (month / yr) \_\_\_\_\_ through (month / yr) \_\_\_\_\_ Home # \_\_\_\_\_  
Secondary address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
Time at Secondary address (month / yr) \_\_\_\_\_ through (month / yr) \_\_\_\_\_  
Cell # \_\_\_\_\_ Email \_\_\_\_\_  
Birthday \_\_\_/\_\_\_/\_\_\_ Profession/Occupation: \_\_\_\_\_

**CHILDREN UNDER 25 LIVING AT HOME: PLEASE GIVE US THE FULL LEGAL NAME OF YOUR CHILD**

Child 1: (m/f) Name \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_  
Child 2: (m/f) Name \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_  
Child 3: (m/f) Name \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_

**Supporting**

- Tier 1/Cholmim (dreamers): \$7,300+
- Tier 2/Bonim (builders): \$6,400-\$7,299
- Tier 3/Chalutzim (pioneers): \$5,500-\$6,399
- Tier 4/Shatafim (partners): \$4,650-\$5,499
- Tier 5/Double Chai Plus: \$3,900-\$4,649

**Tier 6/Standard**

- Full Family (with or without children): \$2,300
- Single Adult Household: \$1,350
- Dual Affiliation+: \$1,775
- Young Family (35 and under)^: \$325  
*Does not include weddings*
- Young Single (35 and under): \$125

+Dual Affiliation (with full member benefits and rights): requires a letter from a synagogue confirming status in good standing (Includes Utah synagogues).

^Age: based on oldest family member's age as of 7/1/18

I, \_\_\_\_\_, understand the synagogues' need to ensure continued fiscal stability. I have selected the following option to meet my 2018/2019 Temple Har Shalom Annual Commitment. (Please check all applicable boxes below.)

- My Annual Commitment payment to be paid in full is \$ \_\_\_\_\_**
- I will be **mailing a check** in the above noted amount and payment schedule. **Deadline- August 15, 2018.**
- Please **email my invoice** so that I may go on line and pay in full. **Email to be used is: \_\_\_\_\_**
- Monthly Installments:** I would like to pay my Annual Commitment in \_\_\_\_\_ monthly installments of \$ \_\_\_\_\_ each. I understand that my Annual Commitment must be paid in full **no later than April 15, 2019** in no more than 10 monthly installments. **Commitment Deadline- August 15, 2018.**
- I agree to have THS **charge my credit card** for the above installment payment amount according to the above pay schedule. **Please use the form in this mailer to provide your Credit card information.**
- Sponsor A Member:** I would like to contribute an additional amount of \$ \_\_\_\_\_ to help THS offset revenue lost from 10% of our members who cannot afford to pay full dues.
- I will be sending in a **Financial Adjustment Request Form** that I will complete and submit before **August 1, 2018.** I understand that I can either download the form from the THS website or call Wayne Crouch, 435-602-1445, at THS to request a form.

**No Members will be turned away:** All members are welcome, regardless of ability to pay. The Temple Har Shalom Committee on Adjustments confidentially considers all requests for annual commitment adjustment based on financial circumstances. Please contact Wayne Crouch, 435-602-1445 or [accounting@harshalomparkcity.org](mailto:accounting@harshalomparkcity.org) to request a Financial Adjustment Request Form or download the form at [www.harshalomparkcity.org](http://www.harshalomparkcity.org). Click the Membership tab.

**Capital Improvement Fund Pledge:** All but \$3.2 million of the \$12 million cost of construction of our beautiful temple has been paid with contributed funds. We ask all new and other members who have not contributed to the cost of our facility and of its long-term maintenance to make a five-year pledge to the Securing Our Future Fund (SOF). Please look at your resources and make a commitment that is appropriate for your family. Except in the event of emergency needs, SOF is dedicated by the Board to reducing our \$3.2 million building indebtedness.

**LIST YAHRZEIT DATES TO BE REMEMBERED: PLEASE FILL OUT EACH & EVERY SECTION COMPLETELY**

1: Name of Loved One \_\_\_\_\_ Relationship to family member \_\_\_\_\_

Date of Yahrzeit \_\_\_\_\_ Observe: English Date  Hebrew Date

2: Name of Loved One \_\_\_\_\_ Relationship to family member \_\_\_\_\_

Date of Yahrzeit \_\_\_\_\_ Observe: English Date  Hebrew Date

3: Name of Loved One \_\_\_\_\_ Relationship to family member \_\_\_\_\_

Date of Yahrzeit \_\_\_\_\_ Observe: English Date  Hebrew Date

4: Name of Loved One \_\_\_\_\_ Relationship to family member \_\_\_\_\_

Date of Yahrzeit \_\_\_\_\_ Observe: English Date  Hebrew Date

**Volunteer opportunities**

I would like to be contacted. My interests are:

- Help in Religious School
- Membership Events
- Special Events/Holidays
- Social Action
- Hineinu (Caring) Committee
- Other \_\_\_\_\_

**Religious School**

Yes, I would like to be contacted by Michael Greenfield regarding Religious School programs for children in preschool and /or kindergarten through tenth grade.

**PLEASE LET US KNOW IF YOU WOULD LIKE TO SHARE YOUR CONTACT INFORMATION WITH OTHER THS MEMBERS.**

- Yes** I agree to share my contact information publicly with other THS members.
- No** I do not agree to share my contact information publicly with other THS members.

**YOUR NEIGHBORHOOD**

Please let us know where you reside:

- Park Meadows
- Glenwild
- Jeremy Ranch
- Old Town
- Pinebrook
- Snyderville
- Kamas/Oakley
- Salt Lake City
- Promontory
- Other \_\_\_\_\_

**MISCELLANEOUS**

IS THERE ANYTHING ELSE WE SHOULD KNOW ABOUT YOU?  Yes  No

IF YES PLEASE ELABORATE:

\_\_\_\_\_  
\_\_\_\_\_

**Please return application via mail to:  
Temple Har Shalom, PO Box 681236, Park City, Utah 84068  
Or via a scanned document to: [Deb@harshalomparkcity.org](mailto:Deb@harshalomparkcity.org)**