

**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): \$7,450+
- Tier 2/Bonim (builders): \$6,550-\$7,449
- Tier 3/Chalutzim (pioneers): \$5,650-\$6,549
- Tier 4/Shatafim (partners): \$4,800-\$5,649
- Tier 5/Double Chai Plus: \$4,050-\$4,799
- Tier 6/Standard**
- Full Family (with or without children): \$2,450
- Single Adult Household: \$1,450
- Dual Affiliation+: \$1,875
- Family 36-39 You may reduce your dues from \$2,450 by \$425 for each year you are under 40 if you were a member in good standing during the 2019-20 fiscal year.
- Single 36-39 You may reduce your dues from \$1,450 by \$250 for each year you are under 40 if you were a member in good standing during the 2019-20 fiscal year.
- Young Family (18-35)^: \$400

*Does not include weddings*

- Young Single (18-35): \$200
- +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 7/1/20

I, \_\_\_\_\_, understand the synagogue's need to ensure continued fiscal stability. I have selected the following option to meet my 2020-21 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- July 30, 2021.**
- 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 29, 2022** in no more than 10 monthly installments. **Commitment Deadline- July 30, 2021.**
- I agree to have THS charge my credit card or bank account via E-Check for the above installment payment amount according to the above pay schedule.
- 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 **July 23, 2021**. 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:** 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 Burn the Mortgage Campaign (BTM). Please look at your resources and make a commitment that is appropriate for your family.

**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 attention Deb Sheldon to:**

**Temple Har Shalom, 3700 N Brookside Court, Park City, Utah 84060**

**Or via a scanned document to: [Deb@harshalomparkcity.org](mailto:Deb@harshalomparkcity.org)**