



Date _____

Temple Beth Shalom
401 Roslyn Road, Roslyn Heights, NY 11577
(516) 621-2288 • Fax (516) 621-0417

MEMBERSHIP APPLICATION
Welcome to the Temple Beth Shalom family

PLEASE PRINT INFORMATION CLEARLY

Name _____ Date of Birth _____

Hebrew Name _____ Son of/Daughter of _____

Please check one: Kohen Levi Yisrael

Jewish by: Birth (Mother Jewish)
 Conversion (Please check one) Conservative Orthodox Reform
 Not Jewish

Spouse's Name _____ Date of Birth _____

Hebrew Name _____ Son of/Daughter of _____

Please check one: Kohen Levi Yisrael

Jewish by: Birth (Mother Jewish)
 Conversion (Please check one) Conservative Orthodox Reform
 Not Jewish

Personal Information

Residence Address _____ Zip Code _____

Residence Telephone _____ Wedding Anniversary _____

Cell _____ Spouse's Cell _____

Email _____ Spouse's Email _____

Business Information

Business Name _____ Type of Business _____

Address _____ Zip Code _____

Telephone _____ Occupation _____

Spouse's Business Name _____ Type of Business _____

Address _____ Zip Code _____

Telephone _____ Occupation _____

Children's Names & Birth Dates

Gender (M/F)

Date of Birth

School

Name/Hebrew Name _____

Name/Hebrew Name _____

Name/Hebrew Name _____

Name/Hebrew Name _____

Deceased Loved Ones for Yahrzeit Listing

Name	Relationship	To Which Member	Date of Death
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Previous Synagogue Affiliation _____

- Conservative
 Orthodox
 Reform
 Reconstructionist

Any synagogue office previously held? _____

- I can chant the Haftarah
 I can read Torah
 I can lead the Daily Services
 I am interested in a learner's minyan
 I can lead the Shabbat Services

I/We would like to receive more information about:

- Sisterhood
 Men's Club
 PTA
 Adult Learning
 Youth Activities
 Tikkun/Social Action
 Chesed/Caring Committee
 Other _____
 D.A.R.E. (Discussion Activities for Retirees & Empty Nesters)

Personal Interests, Talents & Hobbies _____

We would like to see Temple Beth Sholom sponsor the following additional services and activities _____

Fair Share Statement: In place of a dues requirement, Temple Beth Sholom operates on the basis of Fair Share – the philosophy that makes each of us responsible for the other. It allows those of us who can assume a larger share of the financial burden, based on our own assessment of ability, to do so. The voluntary Fair Share commitment of each member, each year, contributes the major portion of Temple income to cover operating expenses. Our Building Fund charge, payable over 5 years, also helps maintain our House of Worship and Religious Schools. High Holiday tickets are allotted based on family composition.

Signature _____ **Date** _____

Spouse's Signature _____ **Date** _____

NOTE: IT IS UNDERSTOOD AND AGREED THAT YOUR MEMBERSHIP WILL AUTOMATICALLY BE RENEWED EACH YEAR UNLESS A NOTICE OF TERMINATION IS RECEIVED IN WRITING AT LEAST THIRTY (30) DAYS PRIOR TO THE RENEWAL YEAR ON JULY 1.

For Office Use Only

- | | | | |
|--------------------------------|-------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Rabbi | <input type="checkbox"/> Asst Rabbi | <input type="checkbox"/> President | <input type="checkbox"/> Member VP |
| <input type="checkbox"/> DLL | <input type="checkbox"/> Nursery | <input type="checkbox"/> Religious School | <input type="checkbox"/> MBS |

Comments _____
