

Religious Affiliation if not Jewish		
Birthday (mm/dd/yyyy)		
Home Phone		
Cell Phone		
Personal Email		
Occupation/Profession		

Do you have any relatives or friends who are currently Temple Sholom members? . Yes . No

If Yes, please list:

-How did you find out about Temple Sholom?

-Are there any other reasons why you are joining?

Please list information about any children within your household.

Child One

First Name	Middle Name	Last Name	Hebrew Name
Birthdate	Grade	Gender	Bar/Bat Mitzvah Date

Child Two

First Name	Middle Name	Last Name	Hebrew Name
Birthdate	Grade	Gender	Bar/Bat Mitzvah Date

Child Three

First Name	Middle Name	Last Name	Hebrew Name
Birthdate	Grade	Gender	Bar/Bat Mitzvah Date

For additional children or special information, please attach a supplemental page.

If you have any *yahrzeit(s)* to commemorate, please provide this information: **Yahrzeit**

First Name	Last Name	Hebrew Name	Relationship
Death Date		Before/After Sunset	Hebrew Death Date
First Name	Last Name	Hebrew Name	Relationship
Death Date		Before/After Sunset	Hebrew Death Date
First Name	Last Name	Hebrew Name	Relationship
Death Date		Before/After Sunset	Hebrew Death Date

We will send you a reminder prior to the date. The name of your beloved will be read during the Shabbat service. Check

this box if you are interested in a memorial plaque to honor the sacred memory of your loved one.

There are many ways to get involved in the Temple Sholom community. We encourage all members to find their place in our community. *Please indicate if you would like additional information or are interested in participating in the following programs. A community representative will reach out to you.*

- | | |
|---|---|
| <input type="checkbox"/> Choir | <input type="checkbox"/> Brotherhood |
| <input type="checkbox"/> Caring Community Committee | <input type="checkbox"/> Adult Education |
| <input type="checkbox"/> Cooking Divas | <input type="checkbox"/> Rosh Hodesh Group |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Book Club |
| <input type="checkbox"/> Social Action Committee | <input type="checkbox"/> Going Places with Sholom (GPS) |
| <input type="checkbox"/> Soup Kitchen | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Sisterhood | <input type="checkbox"/> Social Justice |

Let us know about your skills and passions: for example, do you play guitar? Enjoy Art? Research genealogy? Have computer skills, etc.?

Temple Sholom welcomes all who wish to join our community. Finances should never prevent anyone from being a part of Temple Sholom. For this reason we do not charge "dues." We obviously depend upon the generous support of our members to sustain the congregation. Instead of dues we ask our members for "Gifts From the Heart" - we ask our community to pledge what they can to support Temple Sholom. It currently costs \$2,000 per household per year to maintain our current operation and level of service. Some members are able to pay more, and if they can and do, we very much appreciate that. Other members must pay less, and we understand and respect that, and we appreciate your gift.

I pledge \$_____ to Temple Sholom for this year.

I wish to pay my pledge:

- In one lump sum
- On a monthly basis
- On a quarterly basis
- Every 6 months
- Annually

I prefer to receive my financial statements by:

- E-mail
- Regular mail

I wish to pay by:

- Credit card - **specific credit card information will need to be added here with whatever we ask for currently**
- Check
- Stock gift - please contact the Temple Sholom office at [513.791.1330](tel:513.791.1330) to discuss further

We are so happy to have you join as a member of our community at Temple Sholom! We are delighted that you have chosen to be a part of our congregation. Someone will reach out to you shortly.

x

Applicant Signature(s)

Date

FOR OFFICE USE ONLY

Membership Type:

Date Entered:

Notes: