



Temple Shalom of Central Florida

Rabbi Zev Sonnenstein – Spiritual Leader

13563 County Road 101
Oxford, FL 34484-2430

352-748-1800
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www.templeshalomcentralfl.org

January 2024

Welcome to Temple Shalom of Central Florida — an inclusive Reform Jewish Congregation and center of Jewish life in the Tri-County area surrounding The Villages.

I am delighted to know you are considering joining our warm and welcoming congregation. Our members, who are predominantly seniors, bring a wide range of experiences, backgrounds and interests to Temple Shalom. We strive to bring our congregation and the Jewish community around us a variety of services and programs in addition to our traditional joyous Shabbat worship services and delicious friendly Onegs. As a new member you will find many opportunities to make new friends, learn something new, participate in our social and cultural events, enjoy our concerts and celebrate all the Jewish holidays.

Temple Shalom always includes and welcomes all members of our community to join us for Shabbat worship services and holiday celebrations. However, there is a special feeling when you are a member of our congregation to know you fully belong to Temple Shalom. We strive to create a congregation where every person feels like they are an integral member of our “family of friends.” For us at Temple Shalom belonging is not just welcoming you in — it is making sure you are here to stay.

In this New Membership Packet you will find information about us, our Sisterhood and Brotherhood auxiliary organizations, the Highlights of Temple Shalom and our New Member Forms. Also included is financial information about our Full Time and Seasonal Membership options as well as the details about our annual dues.

After reading the enclosed material and viewing more details on our Temple website about ongoing and upcoming events including how we are supporting Israel, I hope you will decide to make a commitment to become a member of our sacred Reform Jewish Congregation.

To become a member of Temple Shalom, please complete the enclosed three (3) page Membership Form and the Emergency Contact Sheet. Then return them to the Temple Office for processing.

I look forward to answering any questions you may have by phone or email. Please look for me at Friday evening Shabbat services where I will be happy to meet you and answer your questions in person.

L’Shalom,

Lynn Sindoris

Lynn Sindoris
Chair, Membership Committee
membership@tscfl.org
(352) 633-0285

2024 MEMBERSHIP FORM

Temple Shalom of Central Florida
 13563 County Road 101, Oxford, FL 34484
 (352) 748-1800 office office@tscfl.org
 www.templeshalomcentralfl.org



Full Time Member Seasonal Member

Date _____ Please Print Clearly

Last Name	First Name (A)	Nickname
Birthdate	Hebrew Name	
Home Phone	Cell Phone	
Email		
Magnetic Badges are the default option unless Pin or Clip is checked ➡ <input type="checkbox"/> Pin-on <input type="checkbox"/> Clip-on		
Last Name	First Name (B)	Nickname
Birthdate	Hebrew Name	
Home Phone	Cell Phone	
Email		
Magnetic Badges are the default option unless Pin or Clip is checked ➡ <input type="checkbox"/> Pin-on <input type="checkbox"/> Clip-on		

Anniversary (if applicable) _____

Address _____ City _____ St _____ Zip _____

Community or Village Name: _____

Seasonal Address (if applicable) _____ St _____ Zip _____

Previous Home City/ Town/State _____

How did you hear about Temple Shalom? Friend Print Media Google Search Other _____

To help us know you better, please provide some personal information you feel comfortable sharing with the Membership Committee. Please Indicate A or B

Professional and Personal Skills: _____

What Temple committees and social activities interest you? _____

Positions held in your previous Temples or volunteer organizations: _____

Talents, hobbies and abilities you would like to share with us: _____

What aspects of Temple Shalom are important to you? _____

Additional interests: _____

Comments: _____

Yahrzeit Notification:

Jewish custom calls for observing the anniversary of the death of parents, children, spouse and siblings according to the Jewish calendar.

Please complete the information below, if applicable, so that we may remind you of Yahrzeit dates.

Loved One's Name	Relationship To You	Date of Death (Secular/Jewish date)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I/We agree that Temple Shalom may use photographs in electronic and print form in which my/our family may appear in our newsletter, posters and web pages.

Signature _____

Please return these forms to the Temple Shalom office: Attn: Membership Committee

2024 MEMBER FINANCIAL COMMITMENT FORM

A. Name of Each Member (From Page 1):

(A) _____

(B) _____

(C) Dependents: _____

B. Standard Membership Financial Commitment Dues (SMFC): \$500 per person annually***

Annual SMFC (Dues) is \$500 per person for Membership Year: January – December
Dependents under the age of 26 living in Member's household are included with annual SMFC.

Special Reduced SMFC Dues Payment Schedule for New MemberJoining After February 28:**

JAN - \$500 FEB - \$500 MAR - \$400 APR - \$400 MAY - \$400 JUN - \$300

JUL - \$300 AUG - \$300 SEP - \$250 OCT - \$250 NOV - \$500* DEC - \$500*

*Members joining in November and December will have their SMFC credited as full payment for the upcoming year.

*If there is an increase in SMFC for the upcoming year, Members will receive an invoice for the difference.

**A former Member, who is re-joining after a lapse in membership, pays a full year SMFC.

***All SMFC, Capital Improvement Pledge, ASF payments and donations are non-refundable.

C. Capital Improvement Pledge (CIP) \$1,250 Per Person ***

The Capital Improvement Pledge supports Temple improvements and investments in upgraded technology.

Available Payment Options: *Please Select One*

5-Year Plan Option: \$250 per person payable with Member's first SMFC payment and \$250 per person per year for each of the next 4 years. Members may pay in full at any time. Payments are payable in January of each year at the same time as memberships are renewed.

Full Payment Option: \$1,250 per person payable with Member's first SMFC payment

D. Annual Security (Police) Fee (ASF): \$50.00 per person.*** Due to the importance of police protection and physical security measures in today's world of increased antisemitism, our ASF is needed.

E. Other Membership Options: (1) A Seasonal Membership is available for a 50% reduced SMFC and CIP payments for those who reside in our area for six (6) months or less and do not celebrate the High Holy Days here. (2) If a Member has special circumstances affecting their ability to pay the SMFC, please contact our Treasurer, Sandee Horowitz, horowitz2843@gmail.com, for a confidential conversation.

F. Please Complete This Payment Form:

Standard Membership Financial Commitment Dues (SMFC): _____

Capital Improvement Pledge (CIP) Amount (5-Year or Full): _____

Annual Security Fee Amount (ASF): _____

TOTAL AMOUNT ENCLOSED: _____

Check No* _____ Credit Card No** _____ Expire Date: _____

**Note: A 3% convenience fee will be added by the office to credit card charges

Make Checks* Payable to: **Temple Shalom**

* Checks are the preferred form of payment

Need Help? Have Questions? Please call the Office and ask to speak with the Membership Chair.

Please return these forms to the Temple Shalom office: Attn: Membership Committee

Emergency Contact Information Sheet

Please complete the following form so that we have the information if needed.

Your Name _____

Address _____

Phone Number _____

Emergency Contact Information

Name _____ Relationship _____

Phone # _____ Home Cell _____

Name _____ Relationship _____

Phone # _____ Home Cell _____

Name _____ Relationship _____

Phone # _____ Home Cell _____