

MEMBERSHIP INFORMATION

Please Print Clearly

Date _____

Last Name	First Name	Nickname
Birthdate		
Cell Phone		
Email		
Last Name	First Name	Nickname
Birthdate		
Cell Phone		
Email		

Anniversary (if applicable) _____

Address _____ City _____ ST _____ Zip _____

Home Phone _____ Community Name: _____

Other Address (if applicable) _____ ST _____ Zip _____

Previous Home Town/State _____

How did you first find out about Temple Shalom? Friend Print Media Website Other _____

In order to serve you and to have a knowledge base of our membership we would appreciate you letting us know:

Professional or Job Skills (Current or Prior): _____

What are your interests in Congregational Activities? _____

Leadership positions held in your past Congregation or Business organizations: _____

Specific talents, hobbies and abilities that you might like to share with the Congregation: _____

What aspects of Temple Shalom are important to you: _____

Additional Interests:

Additional 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)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Welcome to the Temple Shalom Family!

A. Names of Individuals Applying for Membership

B. Membership Dues:

January 1 through December 31, \$400 per person (Full Dues).

No charge for dependents under the age of 21 living in the same household.

Dues Schedule for the 1st year depending on when you join, then becomes full dues 2nd year & thereafter:

Jan. - \$400	Feb. - \$375	March - \$300	April - \$300	May - \$300	June - \$225
July - \$225	Aug. - \$225	Sept. - \$187.50	Oct. - \$187.50	Nov. - \$400***	Dec. - \$ 400***

* Those joining in November and December will have their dues applied to the upcoming calendar year.

** If there is an increase in dues in the upcoming year, you will be billed for the difference.

C. Capital Fund: Please complete: The Capital Fund requirement is \$1,250 per person.

Available Options: (Please select one option for payment)

- Full Payment Option: \$1,250 per person due with first annual dues.
- 5 Year Plan: Following the 1st year payment of \$250 per person with initial dues and \$250 per person per year for the next 4 years. You may pay in full at any time. Payments are due on the anniversary month of membership. You will receive a statement as a reminder each year.

First year's Capital Fund payment due with current annual dues. Payments are due on the anniversary of the day you joined.

Membership Dues \$ _____

Capital Fund Amount:

Full Payment Option @ \$1,250 per person
~ OR ~

5 Year Option @ \$250 per person per year \$ _____

Total Amount Due: \$ _____

Check # _____ Credit Card # _____ Date _____

Full payment of Membership Dues and Capital Fund selection is due at time of completion of the Application for Membership. **Make checks payable to: Temple Shalom**

ADDITIONAL CONDITION OF MEMBERSHIP:

I/We agree that Temple Shalom may use photographs in electronic or print form in which my/our family may appear for publicity purposes.

Signature _____

Please complete and return to: Temple Shalom, 13563 County Rd. 101,
Oxford, FL 34484 – Attn: Membership Committee.