

2023 MEMBERSHIP APPLICATION FORM

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



MEMBER INFORMATION

(Please Print Clearly)

Date _____

Last Name	First Name (A) *	Nickname
Birthdate	Hebrew Name	
Home Phone	Cell Phone	
Email		
Last Name	First Name (B) *	Nickname
Birthdate	Hebrew Name	
Home Phone	Cell Phone	
Email		

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 congregation or volunteer organizations: _____

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

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)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

2023 MEMBER FINANCIAL COMMITMENT FORM

A. Names of Each Member (From page 1):

(A) _____

(B) _____

(C) Dependents: _____

B. Standard Membership Financial Commitment (SMFC) 2023: \$475 per person annually***

Annual SMFC is \$475 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 Payment Schedule for New Member Joining After February 28:**

JAN - \$475 FEB - \$475 MAR - \$380 APR - \$380 MAY - \$380 JUN - \$285

JUL - \$285 AUG - \$285 SEP - \$238 OCT - \$238 NOV - \$475* DEC - \$475*

*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 Fund, ASF payments and donations are non-refundable.

C. Capital Fund Full Payment: \$1,250 Per Person***

The Capital Fund supports Temple improvements and investments to upgrade 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 the next 4 years. Member may pay in full at any time. Payments are payable on the anniversary month of initial membership. The Treasurer will send the Member an invoice as a reminder each year.

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

D. Annual Security Fee (ASF): \$25.00 per person.* Due to the importance of security coverage and protective programs in today's world and the increase in Anti-Semitism, our ASF is needed.**

E. Other Membership Options: (1) A Part-Time Membership is available to a Member, who is residing in our area 6 months or less, for a 50% reduced SMFC and Capital Fund payment. (2) If a Member has special circumstances affecting their ability to pay the SMFC, please contact our Membership Chair for a confidential conversation.

F. Please Complete Payment Form:

Standard Membership Financial Commitment (SMFC): _____

Capital Fund Payment Amount (5-Year or Full): _____

Annual Security Fee Amount (ASF): _____

TOTAL AMOUNT ENCLOSED: _____

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

Make Checks* Payable to: **Temple Shalom** * Checks are the preferred form of payment.

Return Payment, Payment Form and Membership Application Form to the Temple Office

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

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