



Temple Sholom

300 East Putnam Avenue
Greenwich, CT 06830-4898
(203) 869-7191
(203) 661-4811 FAX
www.templesholom.com

July 1, 2011 – June 30, 2012

Membership Dues

Check *off* applicable boxes and include with your application

The policy of Temple Sholom is that no one is denied membership due to financial circumstances.

Check Below for Membership Status	Annual Dues	Building Fund Pledge
<input type="radio"/> Family One member of household over 34 years of age or single parent with children under 25 yrs of age	\$3,185	\$5000 Payable over five years (The first pledge payment of \$1000 is billed on July 1 st of the fiscal year following the first fiscal year of your membership)
<input type="radio"/> Single Single individual/ or with children over 25 yrs of age.	\$1,825	\$2500 Payable over five years (The first pledge payment of \$500 is billed on July 1 st of the fiscal year following the first fiscal year of your membership)
<input type="radio"/> Under 35 Household with both adults 34 yrs of age or younger.	\$1,825	\$5000 Payable over 8 years (The first pledge payment of \$625 is billed on July 1 st of the fiscal year following the first fiscal year of your membership)

- Please check here if your child(ren) is registered in the Selma Maisel Nursery School Program
- Yes, I will donate \$20 to the Jewish Theological Seminary
- No, I Decline
- Yes, I will donate \$36 to the Social Action Committee
- No, I decline

A mandatory Building Fund Pledge form will be provided for you to sign and submit with your application

Payment Schedule: Temple Sholom's fiscal year is from July 1st through June 30

Half of the current fiscal year's dues, subsequent fees, and any prior outstanding balances are to be paid by August 15th in order for High Holiday tickets to be issued. The balance is due in full by December 15th each year. To discuss making special payment arrangements in confidence, please call our Chief Operating Officer, Steve Friedman at (203) 869-7191 ext. 139 or by email at steve.friedman@templesholom.com.

Please submit your check with this New Member application.

Temple Sholom

Membership Request Form

300 East Putnam Ave., Greenwich, CT 06830

Tele: (203) 869-7191 • Fax: (203) 661-4811

PLEASE FILL OUT THIS FORM COMPLETELY

Today's Date: _____ Date you would like to start your membership _____

Last Name: _____ First Name: _____

Spouse's Last Name: _____ First Name: _____

Home Address: _____

Email Address: _____ Phone: _____

Marital Status: Married Single Divorced Widowed

Date and Place of Marriage _____

Male Member

Female Member

	Male Member	Female Member
Print Full Name (including Maiden Name)		
Age and Place and Date of Birth		
Hebrew Name		
Occupation		
Business Name		
Business Address		
Highest Academic Grade or Degree		
If Veteran, # of Years in the Service		
Parents Names/Place of Birth		
Check Hebrew Education and Ritual skills at right ...enter name and address of previous Congregation:	<input type="checkbox"/> Bar Mitzvah <input type="checkbox"/> Hebrew High <input type="checkbox"/> Confirmation <input type="checkbox"/> Post Conf. <input type="checkbox"/> LIF <input type="checkbox"/> USY <input type="checkbox"/> NFTY _____ Years of Religious School	<input type="checkbox"/> Bat Mitzvah <input type="checkbox"/> Hebrew High <input type="checkbox"/> Confirmation <input type="checkbox"/> Post Conf. <input type="checkbox"/> LIF <input type="checkbox"/> USY <input type="checkbox"/> NFTY _____ Years of Religious School
Orthodox _____	<input type="checkbox"/> Read Hebrew <input type="checkbox"/> Speak Hebrew	<input type="checkbox"/> Read Hebrew <input type="checkbox"/> Speak Hebrew
Conservative _____	<input type="checkbox"/> Lead Services <input type="checkbox"/> Sing in Choir	<input type="checkbox"/> Lead Services <input type="checkbox"/> Sing in Choir
Reform _____	<input type="checkbox"/> Chant Torah/Haftarah <input type="checkbox"/> Chant Kiddush	<input type="checkbox"/> Bless Sabbath Candles

Husband's Mother's Hebrew Name _____ Husband's Father's Hebrew Name _____

Wife's Mother's Hebrew Name _____ Wife's Father's Hebrew Name _____

List Relatives in our congregation and their relationship to you _____

Does your Family have Cemetery Plots? Yes No If so, where? _____

Please List Name, Relationship and Date of Death for Yahrzeits _____

Please indicate any interests you might have to join or form a group _____

Are you enrolled in our Nursery School program? _____ or on the Temple Sholom mailing list? _____

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Business Information:

Name	Business Name and Address	Bus Phone	Bus Fax	Email Address

Please List Children Living at Home:

Name	Age	Birth Date	Religious School Grade	Public School Grade	Bar/Bat/B'nai Mitzvah Date	Confirmation Date

Please List Children Not Living at Home:

Name	Age	Birth Date	Address	Phone

Please List Others in Your Household and Their Relationship to You:

Name	Birth Date	Relationship to You	Other Information

