



Date of Application: \_\_\_\_\_

**Temple Beth Shalom/Synagogue of the Western Reserve  
Membership Information Form 2019-2020**

**Adult 1:**      Mr.    Mrs.    Ms.    Dr.    Other \_\_\_\_\_

Full Name (Last, First, Middle): \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Preferred Email \_\_\_\_\_

Occupation (If retired, previous occupation) \_\_\_\_\_

Employer \_\_\_\_\_

**Adult 2:**      Mr.    Mrs.    Ms.    Dr.    Other \_\_\_\_\_

Full Name (Last, First, Middle): \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Preferred Email \_\_\_\_\_

Occupation (If retired, previous occupation) \_\_\_\_\_

Employer \_\_\_\_\_

**Marital Status:**

Single    Married   Wedding Anniversary Date \_\_\_\_/\_\_\_\_/\_\_\_\_    Partnered

Separated    Divorced    Widowed

**Religious Background:**

Adult 1:    Reform    Conservative    Orthodox    Reconstructionist    Just Jewish/Unaffiliated  
 Other (please describe) \_\_\_\_\_

Adult 2:    Reform    Conservative    Orthodox    Reconstructionist    Just Jewish/Unaffiliated  
 Other (please describe) \_\_\_\_\_

**Children/Additional Family Members:**

#1 Full Name (Last, First, Middle): \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in school \_\_\_\_ School Name \_\_\_\_\_

Intend to enroll in religious school?  Yes  No Living at home?  Yes  No

#2 Full Name (Last, First, Middle): \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in school \_\_\_\_ School Name \_\_\_\_\_

Intend to enroll in religious school?  Yes  No Living at home?  Yes  No

#3 Full Name (Last, First, Middle): \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in school \_\_\_\_ School Name \_\_\_\_\_

Intend to enroll in religious school?  Yes  No Living at home?  Yes  No

#4 Full Name (Last, First, Middle): \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in school \_\_\_\_ School Name \_\_\_\_\_

Intend to enroll in religious school?  Yes  No Living at home?  Yes  No

**Additional Information:**

Have you been a member of another synagogue within the last five years?  Yes  No

Name and Location: \_\_\_\_\_

Please describe your involvement: \_\_\_\_\_

Are you a member of any additional congregation(s) besides TBS?  Yes  No

Name and Location: \_\_\_\_\_

To which email(s) should we send the TBS weekly E-Megillah and other synagogue communication:

Adult 1  Adult 2  Adult 1 and 2

May we share your contact information with our membership and include it in the member directory?

Yes  No

How did you learn about Temple Beth Shalom? \_\_\_\_\_

\_\_\_\_\_

What are you hoping for from your synagogue membership? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does any member of the family have special needs (physical, medical, allergies, etc.) about which we should be aware? \_\_\_\_\_

**Yahrzeits (Anniversaries of Deaths):**

Please list those relatives (either Jewish or not) whose deaths you would like TBS to recognize.

Name	Relationship to member	Date of Death
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Name	Relationship to member	Date of Death
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Name	Relationship to member	Date of Death
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Name	Relationship to member	Date of Death
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Name	Relationship to member	Date of Death
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**Membership Categories (please select):**

(Note: Dues below are for the July 2019-June 2020 membership year. Dues for those joining mid-year will be prorated.)

Single \$898

Couple/Family \$1425

Associate (for those who are full members of another congregation in addition to Temple Beth Shalom) \$567

Senior Single (65+) \$410

Senior Couple (65+) \$763

**Payment Preference:** (Please indicate your choice and you will receive an invoice)

Payment in full

Four quarterly payments

\_\_\_\_\_ I would like to have a confidential conversation about dues relief/financial assistance.

**Synagogue Activities**

We urge all members to become involved at Temple Beth Shalom. We rely on volunteers to keep TBS strong. There are many ways to engage in the life of the congregation. Please indicate areas in which members of your family may be interested and we will contact you with more information.

- Sisterhood/Women of Reform Judaism
- Brotherhood
- Adult Education opportunities
- Torah Study
- Religious School/B'nai Mitzvah preparation
- Youth Group/NFTY (grades 6-12)
- Programming for young children (ages birth-5)
- Jewish summer camp programs/camp scholarships
- PJ Library (free Jewish books for kids birth-11)
- Adult Book Clubs
- Becoming a teacher in the religious school
- Building and Grounds committee
- Fundraising/Development
- Social Action/Israel
- Website/Marketing/Communication
- Other ways I/we would like to be involved: \_\_\_\_\_

Check to indicate acceptance:

- I authorize Temple Beth Shalom to use photographs and/or video of all members of my family for promotional materials, newspaper and newsletter articles, and on the Temple Beth Shalom website and social media pages.
- I/we apply for membership in Temple Beth Shalom and agree to abide by the bylaws, rules and regulations of the congregation.

\_\_\_\_\_  
Signature Adult 1

\_\_\_\_\_  
Signature Adult 2

Please return this completed application to Temple Beth Shalom, ATTN: Membership, 50 Division Street, Hudson OH 44236.