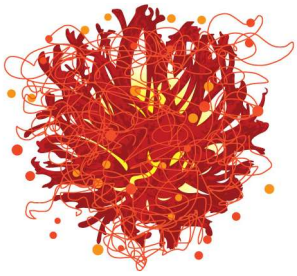

Date of Application: _____

**Temple Beth Shalom/Synagogue of the Western Reserve**

**Membership Information Form 2026-2027**

**Adult 1:** O Mr. O Mrs. O Ms. O Dr. O 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:** O Mr. O Mrs. O Ms. O Dr. O 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:**

O Single O Married Wedding Anniversary Date _____/_____/____ O Partnered

O Separated O Divorced O Widowed

**Religious Background:**

Adult 1: O Reform O Conservative O Orthodox O Reconstructionist O Just Jewish/Unaffiliated

O Other (please describe) _____

Adult 2: O Reform O Conservative O Orthodox O Reconstructionist O Just Jewish/Unaffiliated

O Other (please describe) _____

50 Division Street
Hudson, OH 44236

(330) 656-1800
www.tbshudson.org

UNION for REFORM JUDAISM
A Proud Member of the URJ

JMS Confidential Information - Do Not Distribute Without Permission

**Children/Additional Family Members:**

**#1** Full Name (Last, First, Middle):_____

Date of Birth _____/_____/_____ Grade in school _____ School Name _____

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

**#2** Full Name (Last, First, Middle):_____

Date of Birth _____/_____/_____ Grade in school _____ School Name _____

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

**#3** Full Name (Last, First, Middle):_____

Date of Birth _____/_____/_____ Grade in school _____ School Name _____

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

**#4** Full Name (Last, First, Middle):_____

Date of Birth _____/_____/_____ Grade in school _____ School Name _____

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

**Additional Information:**

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

Name and Location: _____

Please describe your involvement: _____

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

Name and Location: _____

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

O Adult 1 O Adult 2 O Adult 1 and 2

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

O Yes O 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 |
|---|---|---|
| Name | Relationship to member | Date of Death |
| Name | Relationship to member | Date of Death |
| Name | Relationship to member | Date of Death |
| Name | Relationship to member | Date of Death |

**Membership Categories (please select):**

(Note: Dues below are for the July 2026-June 2027 membership year. Dues for those joining mid-year will be prorated.)

O Single $1,120

O Couple/Family $1,760

O Associate (for those who are full members of another congregation in addition to Temple Beth Shalom) $415

O Young Adult $375

O Senior Single (65+) $510

O Senior Couple (65+) $950

Security Fee: $125

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

O Payment in full

O 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.

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

_____

Check to indicate acceptance:

O 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.

O 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.