

Temple Shalom

8401 Grubb Road, Chevy Chase, MD 20815 ~ Tel: 301-587-2273 ~ Fax: 301-588-9368
 Website: www.templeshalom.net ~ Email: info@templeshalom.net



MEMBERSHIP APPLICATION

*Welcome! By filling in this form as fully as possible, you will help us serve your needs to the best of our ability.
 The information you provide will be kept confidential. Thank you!*

DATE OF APPLICATION _____

ADULT MEMBERS

	Member #1	Member #2
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____
First Name and Middle Initial		
Last Name		
Nickname (if preferred)		
Maiden Name (or N/A)		
Hebrew name (or N/A)		
Mother's Hebrew Name (or N/A)		
Father's Hebrew Name (or N/A)		
Occupation		
Birthdate (mm/dd/yyyy)		
Commitment Status	<input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Commitment or Anniversary Date (mm/dd/yy)		
Street Address (incl. Apt #)		
City, State, Zip		
Email Address		
Home phone #		
Cell Phone #		
Other phone #		

CHILDREN/DEPENDENTS

	Child/Dependent #1	Child/Dependent #2	Child/Dependent #3	Child/Dependent #4
Enrolled in Temple Shalom Religious School?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Name and Middle Initial				
Last Name				
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male
Relationship				
Bar/Bat Mitzvah Date (mm/dd/yy)				
Hebrew Name (or N/A)				
Email				
Emergency Contact Name				
Emergency Contact Cell #				
Emergency Contact Other #				
Current School/College				
Grade/College Year				
Address (if college)				

Does your child have any special needs? Our Director of Education (301-587-2273 x104) will be happy to speak with you, if you prefer.

ADULT MEMBER #1

RELIGIOUS BACKGROUND

Childhood Religious Identification:

Reform Cultural Conservative Orthodox Secular Reconstructionist Not Jewish, please specify _____

Name & location of previous synagogue _____

How long? _____ Were you active in synagogue life? _____ If so, in what capacity? _____

If not currently Jewish, religious affiliation (if applicable) _____

BUSINESS INFORMATION

Position/Type of Business _____

Title _____ Email _____

Employer _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

COMMUNITY INVOLVEMENT

Please list any community activities, board affiliations, volunteer work or related experiences:

EDUCATION

College/University: _____ Degree: _____ Graduation Date: ____/____/____

Graduate School: _____ Degree: _____ Graduation Date: ____/____/____

Other: _____

ADULT MEMBER #2

RELIGIOUS BACKGROUND

Childhood Religious Identification:

Reform Cultural Conservative Orthodox Secular Reconstructionist Not Jewish, please specify _____

Name & location of previous synagogue _____

How long? _____ Were you active in synagogue life? _____ If so, in what capacity? _____

If not currently Jewish, religious affiliation (if applicable) _____

BUSINESS INFORMATION

Position/Type of Business _____

Title _____ Email _____

Employer _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

COMMUNITY INVOLVEMENT

Please list any community activities, board affiliations, volunteer work or related experiences:

EDUCATION

College/University: _____ Degree: _____ Graduation Date: ____/____/____

Graduate School: _____ Degree: _____ Graduation Date: ____/____/____

Other: _____

Yahrzeit Observance

Should you desire to be notified of the anniversary of the death of a loved one, please indicate whether you prefer to observe the English or Hebrew calendar date. If you do not recall the Hebrew date, please check "Hebrew date of death" and give the full English date and time

Yahrzeit #1

Deceased's Name _____

I/We wish to observe: Hebrew date of death ____/____/____

English date of death ____/____/____ Approximate time of day _____ AM PM

Relative of: _____ Relationship: _____

Yahrzeit #2

Deceased's Name _____

I/We wish to observe: Hebrew date of death ____/____/____

English date of death ____/____/____ Approximate time of day _____ AM PM

Relative of: _____ Relationship: _____

Yahrzeit #3

Deceased's Name _____

I/We wish to observe: Hebrew date of death ____/____/____

English date of death ____/____/____ Approximate time of day _____ AM PM

Relative of: _____ Relationship: _____

Yahrzeit #4

Deceased's Name _____

I/We wish to observe: Hebrew date of death ____/____/____

English date of death ____/____/____ Approximate time of day _____ AM PM

Relative of: _____ Relationship: _____

Yahrzeit #5

Deceased's Name _____

I/We wish to observe: Hebrew date of death ____/____/____

English date of death ____/____/____ Approximate time of day _____ AM PM

Relative of: _____ Relationship: _____

Yahrzeit #6

Deceased's Name _____

I/We wish to observe: Hebrew date of death ____/____/____

English date of death ____/____/____ Approximate time of day _____ AM PM

Relative of: _____ Relationship: _____

MEMBERSHIP DUES

Temple Shalom's programs and operations are supported by its members. Like many other Reform congregations, we operate on a "fair share" of total family income for all sources. We ask members to calculate 1.5% of their annual gross total family income from all sources and use that figure as their annual Membership Dues amount.

Temple Shalom offers special lower membership rates to all prospective members who are 34 years of age and younger. Please contact our Financial Secretary at financialsecretary@templeshalom.net for additional information.

Temple Shalom does not turn away members who are unable to join at the 1.5% of annual gross family income figure. The Financial Secretary can discuss financial matters with prospective members and make decisions on behalf of the Temple. Please feel free to contact the Financial Secretary at financialsecretary@templeshalom.net or the Temple office.

Annual family income _____ x .015 = \$ _____ = **Your annual membership dues**

SANCTUARY FUND

During the first five years of membership, members are required to make contributions to the Sanctuary Fund, which is used to finance expenses related to the Temple's physical plant and grounds. The amount of the Sanctuary Fund contribution is based on a sliding scale, as explained below. *If you prefer, you may begin paying into the Sanctuary Fund in year 2 of your Temple membership.*

After members complete payments to the five year Sanctuary Fund, members then join the remainder of the membership in paying into a Mortgage Maintenance Fund which is used to reduce the principal and interest of the Temple's mortgage.

Total Family Income	Sanctuary Fund Contribution	Payment Per Year
Up to \$40,000	\$1,000	\$200
\$40,001 to \$60,000	\$1,500	\$300
\$60,001 to \$80,000	\$2,000	\$400
\$80,001 to \$100,000	\$2,500	\$500
\$100,001 to \$120,000	\$3,000	\$600
Over \$120,000	\$3,500 or more	\$700

Your annual Sanctuary Fund payment = \$ _____

Annual dues: \$ _____

Sanctuary Fund: \$ _____

Total annual amount: \$ _____

Amount due with application

If before the High Holidays: ½ of total annual amount	\$ _____
If after the High Holidays: ¼ of total annual amount	\$ _____
Other arrangements made with Financial Secretary	\$ _____

After completion of the 5 – year Sanctuary Fund, Mortgage Maintenance is calculated at 18% of your annual dues and is added to the annual dues amount.

Member's Mortgage Maintenance payment: (**Office Only**) \$ _____

Preferred Payment Schedule

Temple Shalom's fiscal year begins on July 1st and runs to the following June 30th. Members may join at any time during the year and will be billed on a pro-rated *monthly* basis during their first year of Temple membership. After the first year, members are billed annually.

Resignation from the Temple must be done either in writing or via email, but all financial obligations must be paid before the member will be noted in the Temple records as leaving in good financial standing.

After the first year of membership, I would like to be invoiced by the Temple:

Quarterly Semi-annually Annually

I/we understand that Temple Shalom follows the principles of Reform Judaism which seeks to realize the traditional values of Jewish worship, education and service in ways that are meaningful to modern Jewish families. I/we subscribe to these objectives and promise to accept and share the privileges and responsibilities of membership in accordance with the Constitution and By-Laws of the Congregation. Membership in Temple Shalom is subject to the approval of the Board of Trustees.

Date of application: _____

Signed: _____

Signed: _____

I have enclosed a check in the amount of \$ _____

Office Only:

Date reviewed and accepted by the Executive Director: _____

Date reviewed by the Financial Secretary: _____

Welcome to the Temple Shalom family!!