

Temple Shalom

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Temple Shalom

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)		
Previous Name (or N/A)		
Hebrew Name (or N/A)		
Parent #1's Hebrew Name (or N/A)		
Parent #2'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/yyyy)		
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				
Birthdate (mm/dd/yyyy)				
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/yyyy)				
Hebrew Name (or N/A)				
Email				
Emergency Contact Name				
Emergency Contact Cell #				
Emergency Contact Other #				
Current School/College				
Grade/College Year				
Address (if in college)				

Does your child have any special needs? Our Rabbi-Educator (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

If you wish 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 know the Hebrew date, please check "Hebrew date of death" and give the full English date and time of death and we will determine the Hebrew date for you.

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: _____

NEW MEMBERS – GIFT of MEMBERSHIP PROGRAM

If this is your first year at Temple Shalom, you will not be asked for a membership pledge or have to pay dues during the 2016-2017 fiscal year – from July 1, 2016 through June 30, 2017.* Welcome to the community; we look forward to helping you enjoy all that Temple Shalom has to offer.

*The Gift of Membership program does not include the cost of Religious School/Hebrew School tuition or fees associated with life cycle events.

FAIR SHARE DUES - SECOND YEAR OF MEMBERSHIP AND BEYOND

Following the year of the Gift of Membership program, you will be asked to pay dues. Temple Shalom's programs and operation are supported by its members and our dues are based on a "fair share" system. Temple Shalom's budgeted annual operating costs average approximately \$3,200 per member unit. We understand that not all members can contribute at or above that level, and many do not. But we do ask that, if possible, members follow the commitment level suggested below.

The recommended annual dues are a percentage of your family's adjusted gross family income – calculated as follows:

$$\text{Annual Dues Contribution} = \text{Adjusted Gross Income} \times \text{Percentage}$$

The percentage varies based on adjusted gross income, shown in the table below. Temple Shalom's dues form does not ask members to disclose their family income and dues information will be kept confidential.

Temple Shalom does not require members to contribute to a Capital Fund. To assure that each family's commitment reflects its current financial circumstances each family is requested to review its commitment annually. To see a copy of the dues form, please go to www.templeshalom.net/membership and click on the link to the 2016-2017 Dues Form.

Temple Shalom will not turn away members for financial reasons. Next year, please feel free to contact our Financial Secretary at financialsec@templeshalom.net or the Temple Office if dues adjustments are needed.

Adjusted Gross Income (from line 37 of IRS 1040 form)	Percentage	To calculate dues: multiply Adj. Gross Income by
Over \$200,000	2.00%	0.02
\$150,000 to \$199,999	1.95%	0.0195
\$100,000 to \$149,999	1.90%	0.019
\$40,000 to \$99,999	1.85%	0.0185
Less than \$40,000	1.80%	0.018

YOUNG ADULT DUES — For member units where age of oldest member is 34 years old or younger

Age	Annual Dues
Under 30 years old	\$ 360
Age 30-34	\$ 540 for first year of paid dues 1% of Gross Income each year thereafter, up to age 35

Preferred Payment Schedule

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

Monthly Quarterly Semi-annually Annually

Welcome to Temple Shalom!

I/we understand that Temple Shalom follows the principles of Reform Judaism, which seek 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: _____

Office Use Only:

Date reviewed and accepted by the Executive Director: _____

Date reviewed by the Financial Secretary _____

Date of Board of Trustees acceptance: _____