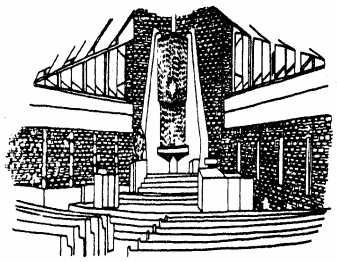

Temple Beth Sholom

401 Roslyn Road, Roslyn Heights, NY 11577
(516) 621-2288 • Fax (516) 621-0417

MEMBERSHIP APPLICATION

Welcome to the Temple Beth Sholom family

PLEASE PRINT INFORMATION CLEARLY

Name_____ Date of Birth_____

Hebrew Name_____ Son of/Daughter of_____

Please check one: ☐ Kohen ☐ Levi ☐ Yisrael

Jewish by: ☐ Birth (Mother Jewish)

☐ Conversion (Please check one) ☐ Conservative ☐ Orthodox ☐ Reform

☐ Not Jewish

Spouse's Name_____ Date of Birth_____

Hebrew Name_____ Son of/Daughter of_____

Please check one: ☐ Kohen ☐ Levi ☐ Yisrael

Jewish by: ☐ Birth (Mother Jewish)

☐ Conversion (Please check one) ☐ Conservative ☐ Orthodox ☐ Reform

☐ Not Jewish

Personal Information

Residence Address_____ Zip Code_____

Residence Telephone_____ Wedding Anniversary_____

Cell _____ Spouse's Cell _____

Email_____ Spouse's Email_____

Business Information

Business Name_____ Type of Business_____

Address_____ Zip Code_____

Telephone _____ Occupation_____

Spouse's Business Name_____ Type of Business_____

Address_____ Zip Code_____

Telephone _____ Occupation_____

Children's Names & Birth Dates	**Gender (M/F)**	**Date of Birth**	**School**

Name/Hebrew Name_____

Name/Hebrew Name_____

Name/Hebrew Name_____

Name/Hebrew Name_____

Deceased Loved Ones for Yahrzeit Listing

Name	Relationship	To Which Member	Date of Death

Previous Synagogue Affiliation_____

☐ Conservative ☐ Orthodox ☐ Reform ☐ Reconstructionist

Any synagogue office previously held? _____

☐ I can chant the Haftarah ☐ I can read Torah ☐ I can lead the Daily Services

☐ I am interested in a learner's minyan ☐ I can lead the Shabbat Services

I/We would like to receive more information about:

☐ Sisterhood ☐ Men's Club ☐ PTA ☐Adult Learning ☐ Youth Activities

☐ Tikkun/Social Action ☐ Chesed/Caring Committee ☐ Other _____

☐ D.A.R.E. (Discussion Activities for Retirees & Empty Nesters)

Personal Interests, Talents & Hobbies_____

_____

We would like to see Temple Beth Sholom sponsor the following additional services and activities_____

_____

_____

_____

Fair Share Statement: In place of a dues requirement, Temple Beth Sholom operates on the basis of Fair Share – the philosophy that makes each of us responsible for the other. It allows those of us who can assume a larger share of the financial burden, based on our own assessment of ability, to do so. The voluntary Fair Share commitment of each member, each year, contributes the major portion of Temple income to cover operating expenses. Our Building Fund charge, payable over 5 years, also helps maintain our House of Worship and Religious Schools. High Holiday tickets are allotted based on family composition.

Signature _____ **Date**_____

Spouse's Signature _____ **Date**_____

NOTE: IT IS UNDERSTOOD AND AGREED THAT YOUR MEMBERSHIP WILL AUTOMATICALLY BE RENEWED EACH YEAR UNLESS A NOTICE OF TERMINATION IS RECEIVED IN WRITING AT LEAST THIRTY (30) DAYS PRIOR TO THE RENEWAL YEAR ON JULY 1.

For Office Use Only

☐ Rabbi ☐ Asst Rabbi ☐ President ☐ Member VP

☐ DLL ☐ Nursery ☐ Religious School ☐ MBS

Comments _____

_____

_____