



# For Families with Children (will not be published):

Are all the children being raised in the Jewish faith?  Yes  No  Adult/No Children

Do you want information about our Preschool and Religious School programs?  Yes  No

---

## Please fill out the following about any children you have:

1. \_\_\_\_\_  Male  Female  
Name don't publish

\_\_\_\_\_ English Transliteration of Hebrew Name (will not be published)

\_\_\_\_\_ Public School attended and Grade Level (will not be published)

\_\_\_\_\_ Religious School (will not be published)

\_\_\_\_\_ Birthdate don't publish  \_\_\_\_\_ Cell Phone don't publish  \_\_\_\_\_ Email don't publish

2. \_\_\_\_\_  Male  Female  
Name don't publish

\_\_\_\_\_ English Transliteration of Hebrew Name (will not be published)

\_\_\_\_\_ Public School attended and Grade Level (will not be published)

\_\_\_\_\_ Religious School (will not be published)

\_\_\_\_\_ Birthdate don't publish  \_\_\_\_\_ Cell Phone don't publish  \_\_\_\_\_ Email don't publish

3. \_\_\_\_\_  Male  Female  
Name don't publish

\_\_\_\_\_ English Transliteration of Hebrew Name (will not be published)

\_\_\_\_\_ Public School attended and Grade Level (will not be published)

\_\_\_\_\_ Religious School (will not be published)

\_\_\_\_\_ Birthdate don't publish  \_\_\_\_\_ Cell Phone don't publish  \_\_\_\_\_ Email don't publish

---

## Deceased Loved Ones for our Yahrzeit Records (will not be published)

All requested information is necessary to insure that we are able to correctly notify you of approaching yahrzeits.

Name of Deceased	Relationship	English Date of Death (B)efore or (A)fter Sundown	<input type="checkbox"/> B
1. _____	_____	_____	<input type="checkbox"/> A
2. _____	_____	_____	<input type="checkbox"/> B
3. _____	_____	_____	<input type="checkbox"/> A
4. _____	_____	_____	<input type="checkbox"/> B
5. _____	_____	_____	<input type="checkbox"/> A
6. _____	_____	_____	<input type="checkbox"/> B
7. _____	_____	_____	<input type="checkbox"/> A

Please check the box if you prefer to observe yahrzeits on the English date:

---

### Notes:

## 2017/2018 Dues Form

**NAME(S):** \_\_\_\_\_

Would you like to be on the Temple Shalom email distribution list? \_\_\_\_ Yes \_\_\_\_ No

Please provide your email: \_\_\_\_\_

**Please check your appropriate membership category for 2017/2018:**

### Section I – CATEGORY

- | A. Enhanced Memberships:                                                    | <b>Dues</b> |
|-----------------------------------------------------------------------------|-------------|
| <input type="checkbox"/> Double Chai Membership*                            | \$5,280     |
| <input type="checkbox"/> Chesed Membership*                                 | \$3,718     |
| <input type="checkbox"/> Chai Membership                                    | \$2,640     |
| ----- OR -----                                                              |             |
| <b>B. Standard Membership:</b>                                              |             |
| <input type="checkbox"/> Standard Membership                                | \$1,980     |
| ----- OR -----                                                              |             |
| <b>C. Customized Memberships:</b>                                           |             |
| <input type="checkbox"/> 22 to 30 yrs old                                   | \$396       |
| <input type="checkbox"/> 30 yrs old and over ( <b>new membership only</b> ) | \$1,320     |
| ----- OR -----                                                              |             |

**D. Adjusted Dues:**

It has always been Temple Shalom’s policy to offer membership to those who have financial constraints. If it would be a hardship for you to meet one of the membership categories, indicate the amount you are able to pay below. We will contact you to follow-up. All arrangements will be held in the strictest of confidence.

Requesting dues abatement to pay dues in the amount of: \$ \_\_\_\_\_

### Section II – PAYMENT SCHEDULE

**I/We want to pay our dues (select one):**

- Monthly                     
  Quarterly                     
  Onetime payment by August 31, 2017

*The by-laws of Temple Shalom require a minimum payment of one-twelfth (1/12) of the annual dues commitment each month. Temple Shalom’s fiscal year is July 1 – June 30. All dues payments, therefore, are due in full by June 30*

Please make Dues checks out to **Temple Shalom**.

Payments may be made by check, mailed to the Temple Shalom office or online <http://www.templeshalom.com/payment.html>

**Please consider joining the following Temple Shalom organizations  
(enclose a separate check for each made out to Temple Shalom Men’s Club or Temple Shalom PTO):**

- Men’s Club: \$36                     
  PTO: \$36



Signature \_\_\_\_\_

Date \_\_\_\_\_

\* A portion of Double Chai and Chesed membership may be applied toward Pre-school or Religious School Tuition, or B’Nai Mitzvah tutoring fees. Please contact the office for additional details.