



Temple Beth Shalom Membership Application 2016-2017

I (WE) APPLY FOR MEMBERSHIP IN TEMPLE BETH SHALOM, AND AGREE TO PAY THE ANNUAL DUES AND BUILDING PLEDGE AS APPROVED BY THE BOARD OF TRUSTEES.

Membership Category I (we) apply for: _____ Family _____ Individual _____ Senior _____ Junior

1. YOUR FAMILY | Please share the main point of contact for your family:

Family Name _____
(Last) (First) (Occupation)

Mailing Address _____

Main Email(s)* _____
(address(es) for main point of contact(s) and name of addressee for account)

Primary Phone _____

If you do not communicate via email, please let us know the best way to reach you:

2. INDIVIDUAL CONTACT INFORMATION

Please share information for each family member in the space provided below:

FOR ADULT MEMBERS:

First, Last Name	Cell Phone	Work Phone	Email

FOR CHILDREN MEMBERS (INFANT TO 21 YEARS):

First, Last Name	Birthdate/Age	Email <small>(If Applies)</small>	School Address <small>(If College Age)</small>

FOR ADULT AGE CHILDREN (21 YEARS+): *(optional)*

First, Last Name	Cell Phone	Email	Home Address

Special interests you would be willing to share with the Temple _____

_____ I give my consent to participate in photographs and/or digital images of me for printed or electronic publications, websites, or other electronic communications used by Temple Beth Shalom

_____ I give my consent for my child(ren) to participate in photographs and/or digital images for printed or electronic publications, websites, or other electronic communications used by Temple Beth Shalom

Signature(s) _____ Date _____
_____ Date _____

If you do not communicate via email, please let us know the best way to reach you:

3. ADDITIONAL INFORMATION

These optional questions will help us continue to support our congregation through relevant programming.

Has anyone in your family participated in Birthright? If yes, please list names and year attended:

Do your children attend Jewish camp (day or overnight)? If yes, please list camps:

Special interests you would be willing to share:

Please add any additional information:

Circle any of the following areas of interest that apply to your family: *(optional)*

Family Programs

Adult Programs

Music/Choir

Teen Life

Senior Programs

Volunteer Opportunities at the Temple

College Student Programs

Tzedakah



Temple Beth Shalom Memorial Wall Plaque Order Form

PLEASE PRINT CAREFULLY IN UPPER CASE BLOCK LETTERS. SHOW PERIODS AND SPACES.

PLAQUE #1

Name of Deceased _____

Year of Birth - Year of Death _____ - _____

Donor's Name and Relationship to Deceased. *(Please fill this in exactly as you would like your memorial plaque to read.)*

PLAQUE #2

Name of Deceased _____

Year of Birth - Year of Death _____ - _____

Donor's Name and Relationship to Deceased. *(Please fill this in exactly as you would like your memorial plaque to read.)*

PLAQUE #3

Name of Deceased _____

Year of Birth - Year of Death _____ - _____

Donor's Name and Relationship to Deceased. *(Please fill this in exactly as you would like your memorial plaque to read.)*

Number of Plaques _____ x \$350.00 = \$ _____

PLEASE RETURN THIS FORM WITH A CHECK PAYABLE TO:

Temple Beth Shalom
740 North Broadway
Hastings-on-Hudson, NY 10706



Temple Beth Shalom Yom Kippur Memorial Booklet 5777 Form

(FOR DISTRIBUTION AT YIZKOR MEMORIAL SERVICE)

FORM MUST BE RETURNED BY AUGUST 30TH FOR INCLUSION IN THE BOOKLET.

(All names printed in last year's booklet will be repeated in every succeeding booklet.)

Your Name _____

Name of Relative, their relationship to you, date of death *(please print)*

1 _____

2 _____

3 _____

4 _____

Your Name _____

Name of Relative, their relationship to you, date of death *(please print)*

1 _____

2 _____

3 _____

4 _____

YIZKOR CONTRIBUTION ENCLOSED: _____

(Suggested contribution: \$18.00 per name)