



Temple Beth Shalom
 12202 N. 101st Ave., Sun City, AZ 85351
 (623) 977-3240 (623) 977-3214 Fax
 Email: info@templebethshalomaz.com
 Web page: http://templebethshalomaz.org

MEMBERSHIP APPLICATION

(Information you furnish will be kept confidential. It is intended only for our records.)

***Male**

Name Mr. /Dr. _____ Hebrew Name _____

Birthdate _____ Nickname _____

***Female**

Name Mrs. /Ms. /Miss /Dr. _____ Hebrew Name _____

Birthdate _____ Nickname _____

Child(ren)

Name _____ Hebrew Name _____ Birthdate _____

Name _____ Hebrew Name _____ Birthdate _____

Street Address _____

City/Zip _____ Phone (____) _____

Marital Status (check one):

Married () Single () Widowed () Divorced () Separated ()

Wedding Anniversary Date _____ (please include year married)

Email Address: Name _____

 Name _____

****Although dues are calculated on a individual basis for budget purposes, both husband and wife are required to be members of the Temple if they are both Jewish.**

PERSON TO CONTACT IN CASE OF MEDICAL EMERGENCY

In order to better serve the congregation, especially in times of emergency, it is necessary for us to have the form below completed so that the information can be included as part of your membership data.

Name	Address	Telephone	Has a Key
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Do you have advance (pre-need) arrangements for funeral services? yes no

Where? _____

Do you own a cemetery plot? yes no Where? _____

Relatives who are current members of Temple Beth Shalom

Name	Relationship
_____	_____
_____	_____

Friends who are current members of Temple Beth Shalom

Name	Relationship
_____	_____
_____	_____

We encourage all members of the congregation to take an active part in synagogue life. Please choose one or more areas in which you might have an interest. Please indicate male (M) or female (F) or both (M-F).

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Library | <input type="checkbox"/> Membership | <input type="checkbox"/> Budget | <input type="checkbox"/> Choir |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Sisterhood | <input type="checkbox"/> Brotherhood | <input type="checkbox"/> Ushers |
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Oneg Shabbat | <input type="checkbox"/> Interfaith |
| <input type="checkbox"/> Cemetery | <input type="checkbox"/> Chavurah | <input type="checkbox"/> Mailings | <input type="checkbox"/> Adult Bar/Bat Mitzvah |
| <input type="checkbox"/> Office Assistance | <input type="checkbox"/> Making Telephone calls | <input type="checkbox"/> Providing transportation services where needed | |

Do you have any special talents, hobbies or interests that you would like to share with us?

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Artistic Talents | <input type="checkbox"/> Musical Talents | <input type="checkbox"/> Photography | <input type="checkbox"/> Theater |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Writing/Editing Skills | <input type="checkbox"/> Audio/Sound System | <input type="checkbox"/> Computer or Desktop Publishing Skills |

Would you be interested in serving on one of Temple Beth Shalom’s committees?

- Budget** – Oversees the management of Temple income and expenses and the annual operating budget.
- Caring** – Provides a support structure by the Temple to reach congregant who are ill, bereaved or in need of emotional support. Also provides services to congregants requiring special help.
- Education** – Oversees all facets of the Temple’s educational programming.
- Membership** – Formulated and implements programs for attracting new and retaining members.
- Ritual** – Consults with the Rabbi about services, evaluates congregational religious needs.
- Social Action** – Develops programs to involve Temple Beth Shalom members in projects to alleviate human suffering. Aids local and community service organizations and the valley Jewish community.

This space reserved for receipt on page 4

List of Departed for Yahrzeit Record(s):

Please indicate whether you observe () English Date () Hebrew Date

Name	Date of Death	Relationship

Temple Beth Shalom’s fiscal year is from July 1st to June 30th.

Applicants accepted for membership prior to the High Holy Days will be required to pay the full year’s dues for that fiscal year, the first half of which must be paid prior to the High Holy Days.
Payable with application: One half of the first year’s membership dues.

<p>Membership Committee – please complete this section for Official Office Records</p> <p>Check # _____ or Cash _____ in the amount of \$ _____ attached to application</p> <p>Fiscal Year’s Dues _____ Balance of \$ _____ Due by _____</p> <p style="text-align: right;">Authorized by _____ Membership Committee</p>
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<p>Tear or cut here for receipt</p> <p>Received from _____</p> <p>Check # _____ or Cash _____ in the amount of \$ _____</p> <p>For Dues to Temple Beth Shalom for fiscal year ending _____</p> <p>This Fiscal Year’s Dues \$ _____ Balance of \$ _____ Due by _____</p> <p>Signature _____ Date _____</p>
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