



Membership application

Please complete & return to Temple Shalom, P.O.B. 494675, Port Charlotte, FL 33949-4675

DATE: _____

MAILING NAME AND ADDRESS

Name _____

Number & Street _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Out of town address _____

Out of town phone _____

MARITAL STATUS

_____ Married - date of marriage _____

_____ Single _____ Widowed _____ Divorced

MALE

Full Name _____

Hebrew Name _____

Date of birth ____/____/____ Occupation (former, if retired) _____

Business Phone _____

Religious Background: __ Reform __ Conservative __ Orthodox __ None __ Other

Previous Congregation & Location _____

Special skills, talents & hobbies _____

FEMALE

Full Name _____

Hebrew Name _____

Date of birth ____/____/____ Occupation (former, if retired) _____

Business Phone _____

Religious Background: __ Reform __ Conservative __ Orthodox __ None __ Other

Previous Congregation & Location _____

Special skills, talents & hobbies _____

DEPENDENT CHILDREN

Name _____ Hebrew name _____ Birthday _____

Name _____ Hebrew name _____ Birthday _____

Name _____ Hebrew name _____ Birthday _____

Name _____ Hebrew name _____ Birthday _____

MEMORIALS

Yahrzeits are observed and announced at the religious service closest to date of death. Please list the names of those you want remembered, their relationship to a specific family member, and the English month, day and year of death.

_____ I prefer to observe the Hebrew dates which are listed below:

I WOULD LIKE TO BE INVOLVED IN THE FOLLOWING:

M	F		M	F	
___	___	Adult Education	___	___	Publicity/Newsletter
___	___	Brotherhood	___	___	Ritual
___	___	Sisterhood	___	___	Hospitality
___	___	Mitzvah Committee	___	___	Library
___	___	Fund Raising	___	___	Choir
___	___	Programming	___	___	House & Grounds
___	___	Community Relations	___	___	Youth Group
___	___	Membership	___	___	Religious School
___	___	Budget/Finance	___	___	Other _____

FINANCIAL COMMITMENT

The ability of our Temple to serve the needs of its members, as well as the needs of our community and our faith, depends on timely dues payments and your generosity in pledges and gifts.

Minimum Annual Dues: Family: \$1000 Single: \$500

Building Fund: Family: \$500 Single: \$250 (May be paid over 5 years)

Please select one of the following methods of payment:

_____ Annually _____ Semi-annually _____ Quarterly _____ Monthly

SPECIAL CIRCUMSTANCES: Arrangements may be made for special circumstances concerning dues. All discussions pertaining to this matter will be held in confidence. Please contact the treasurer or check here _____ and you will be contacted.

The first quarterly payment of dues and the first full year building fund commitment must accompany this application.

Amount enclosed:	Dues	_____
	Building Fund	_____
	Donation	_____
	Total	_____

SIGNATURE _____ DATE _____