



To Embrace, Promote, and Teach Jewish Life and Values

MEMBERSHIP APPLICATION

Please complete and return to Temple Shalom, PO Box 494675, Port Charlotte, FL 33949-4575

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 and 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 and 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 the 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:

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## I WOULD LIKE TO BE INVOLVED IN THE FOLLOWING:

Male	Female		Male	Female	
<input type="checkbox"/>	<input type="checkbox"/>	Adult Education	<input type="checkbox"/>	<input type="checkbox"/>	Ritual
<input type="checkbox"/>	<input type="checkbox"/>	Brotherhood	<input type="checkbox"/>	<input type="checkbox"/>	Hospitality
<input type="checkbox"/>	<input type="checkbox"/>	Sisterhood	<input type="checkbox"/>	<input type="checkbox"/>	Library
<input type="checkbox"/>	<input type="checkbox"/>	Mitzvah Committee	<input type="checkbox"/>	<input type="checkbox"/>	House & Grounds
<input type="checkbox"/>	<input type="checkbox"/>	Fund Raising	<input type="checkbox"/>	<input type="checkbox"/>	Youth Group
<input type="checkbox"/>	<input type="checkbox"/>	Membership	<input type="checkbox"/>	<input type="checkbox"/>	Religious School
<input type="checkbox"/>	<input type="checkbox"/>	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 \$1100    Single \$550  
Building Fund:            Family \$500    Single \$250 (May be paid over five 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 check here and you will be contacted or you may contact the treasurer directly

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:**

\_\_\_\_\_