

# Application for Membership



**Temple Beth Shalom  
13 Roosevelt Avenue  
Post Office Box 517  
Florida, New York 10921  
(845) 651-7817  
temple@warwick.net  
www.tbsny.org**



**UNION for REFORM JUDAISM**

**I (We) hereby apply for membership in Temple Beth Shalom, a Reform Judaism congregation in Orange County, New York. The Congregation's by-laws define a family as one or more adults living with each other who consider themselves to be a family together with their dependent children.**

**Applicants' Family Name and Mailing Address**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Email \_\_\_\_\_

**First Member**

Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_  
Other telephones \_\_\_\_\_ Other email \_\_\_\_\_

**Religious Background**

Jewish       Bar/Bat Mitzvah       Confirmation  
Movement Affiliation:     Reform       Conservative     Orthodox       Other  
Ability to Speak Hebrew:  Minimal       Prayer       Conversational  
Converted to Judaism (year) \_\_\_\_\_  Not Jewish - Please Specify \_\_\_\_\_

Previous Congregational Affiliations:

Name _____	Phone _____	From _____	To _____
Name _____	Phone _____	From _____	To _____
Name _____	Phone _____	From _____	To _____

Please state other recent congregational affiliations on a separate sheet of paper.

**Special Skills and Hobbies**

(e.g. singing, photography, crafts)

\_\_\_\_\_  
\_\_\_\_\_

**Dependent Children**

Name	Hebrew Name	Birth Date	Attends Religious School (list grade completed)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Other Persons In Household**

Name	Relationship
_____	_____
_____	_____
_____	_____

## Second Member

Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_  
Other telephones \_\_\_\_\_ Other email \_\_\_\_\_

### Religious Background

Jewish       Bar/Bat Mitzvah       Confirmation  
Movement Affiliation:     Reform       Conservative     Orthodox       Other  
Ability to Speak Hebrew:  Minimal       Prayer       Conversational

Converted to Judaism (year) \_\_\_\_\_  Not Jewish - Please Specify \_\_\_\_\_

Previous Congregational Affiliations:

Name _____	Phone _____	From _____	To _____
Name _____	Phone _____	From _____	To _____
Name _____	Phone _____	From _____	To _____

Please state other recent congregational affiliations on a separate sheet of paper.

### Special Skills and Hobbies

(e.g. singing, photography, crafts)

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### I Would Like To Be Involved In The Following:

Member Name	Member Name
<input type="radio"/> Adult Education _____	<input type="radio"/> Caring Community _____
<input type="radio"/> Choir _____	<input type="radio"/> Fundraising _____
<input type="radio"/> Building _____	<input type="radio"/> Membership _____
<input type="radio"/> Programming _____	<input type="radio"/> Publicity _____
<input type="radio"/> Religious School _____	<input type="radio"/> Sisterhood _____
<input type="radio"/> Youth Group _____	<input type="radio"/> Library _____

### Memorials

Yahrzeits (memorials) are observed and announced at the religious services prior to the anniversary of death. Please list the names of those you wish remembered together with their relationship to a specific family member and the month, day, and year of death. You may use either the Hebrew or common calendar. (Attach additional sheets, if necessary.)

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### Request for Membership

By placing my (our) signatures below, I (we) apply for and request membership in Temple Beth Shalom. I (we) certify that all statements made on this application are true to the best of my (our) knowledge and that I (we) have filled out the application fully and truthfully. I (we) understand that false statements or omissions are grounds for refusal of membership or subsequent removal from membership. I (we) understand that if my (our) children are (as a courtesy) permitted to attend school prior to my (our) acceptance for membership, and I am (we are) subsequently denied membership, that my (our) children will also be removed from school.

**Each adult applying for membership specifically agrees to the following: (1) I will uphold all rules and policies of Temple Beth Shalom of Florida, NY; (2) I agree to be jointly and severally responsible for all my family's financial obligations to Temple Beth Shalom of Florida, NY; (3) I am not concealing or omitting any fact which might have relevance with respect to my acceptance or rejection for membership.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Financial Information

Temple Beth Shalom's fiscal year runs from July 1 through June 30. Dues, tuition, and any additional assessments may be paid in installments during the year. School supplies (including books) are due prior to the start of school. (Through prior arrangement) our congregation does not refuse membership or schooling based on a family's honest inability to pay full dues or tuition. We also have a Building Fund. Please complete the following with the help of a member of the membership committee or the budget and finance committee:

\$ 475.00 First year dues, to be paid in \_\_\_\_\_ installments (after 1st year, \$900)

\$ \_\_\_\_\_ Tuition (may be paid in installments with dues)

\$ 50.00 Ritual Assessments

\$ \_\_\_\_\_ Other

Payment with Application: \$ \_\_\_\_\_ Balance: \$ \_\_\_\_\_

\$ 1000.00 Building Fund, to be paid over a period of 5 years