



**TEMPLE SHOLOM**  
**MEMBERSHIP APPLICATION**  
**5 East Dillon Road, P. O. Box 664**  
**Monticello, NY 12701**  
**Tel: 845-794-8731 Fax: 845-794-8902**  
**templesholom1954@gmail.com**  
**www.templesholomny.org**

**Application date** \_\_\_\_\_  
**Approval date** \_\_\_\_\_

Thank you for your interest in joining Temple Sholom of Monticello, NY. We are delighted you have chosen to become part of our community. We hope that you will find membership an enriching experience and encourage you to explore the diverse opportunities for Jewish expression that Temple Sholom offers. . As part of the membership application you will be contacted shortly to meet with a member of our temple board or membership committee to learn more about our synagogue, our worship services, our activities, and our values. If you haven't already done so, we ask you to also attend 3 of our Shabbat worship services. We hope this will make you feel welcome from the start. Please call upon our clergy, staff, and board members whenever we can assist you in becoming part of our family. All information in this application will be treated confidentially. Please call our office at 845-794-8731, if you have any questions or need assistance in filling out this application

**Personal Information**

	<b>ADULT APPLICANT 1</b> Male    Female	<b>ADULT APPLICANT 2</b> Male    Female
Title & Full Name		
Marital Status	Single   Married _____date	Partnered   Divorced   Widowed
Hebrew Name (if known)		
Date of Birth		
Cell phone		
E-mail		
I would like to receive temple communications via email.		

**Contact Information – Including Winter & or Summer Addresses**

**Home address #1:** \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Home address #2:** \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Religious Background

	Adult Applicant 1	Adult Applicant 2
Religious background in which you were raised	Reform    Conservative Orthodox    Non Jewish Jewish unaffiliated	Reform    Conservative Orthodox    Non Jewish Jewish unaffiliated
If you became Jewish as an adult. Date, Congregation, City		
Bar/Bat Mitzvah (if applicable) Date, Congregation, City		
Confirmation (if applicable) Date, Congregation, City		
Congregation most recently or currently affiliated with & dates of membership		
Please list any relatives who are members of Temple Sholom		
Read Hebrew?		

## Business Information

	Adult Applicant 1	Adult Applicant 2
Employment Status Full time, Part time, Retired		
Occupation/Title		
Employer		
Address		
City, State, Zip		
Business Phone		

## Yahrzeit Information

Here at Temple Sholom we observe the Hebrew date of death, if you wish to observe the English date only, please circle "English" in the column below. Yahrzeits are read at our Friday evening Shabbat Services, before the actual yahrzeit date. As a member, you will receive advance notice of this observation and the date will be listed in our newsletter, the Harbinger.

Names:	Date of death English/Hebrew	Family Relationship


# Children's Information

	Child 1 Male Female	Child 2 Male Female	Child 3 Male Female	Child 4 Male Female
First and middle name				
Last name (if different)				
Hebrew name (if known)				
Birth date (and grade if applicable)				
Address & telephone #s (if adult and or not living with you)				
Marital status	Single Married Partnered	Single Married Partnered	Single Married Partnered	Single Married Partnered
Will this child be attending Religious School?	Yes No	Yes No	Yes No	Yes No
Bar/Bat Mitzvah: Date, Congregation, City				
Confirmation: Date, Congregation, City				
If previously attended Religious School, list Congregation and City				
Public School & Grade				

Yes No Birthdays and anniversaries are printed in the Harbinger. Please check 'yes' or 'no' box if you want /do not want your celebratory dates to be included in these announcements.

**Emergency Contact Information other than Adult 1 or 2**

Adult 1 Name: \_\_\_\_\_

Phones: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Physician Name & Phone: \_\_\_\_\_

Adult 2 Name: \_\_\_\_\_

Phones: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Physician Name & Phone: \_\_\_\_\_

Health Care Proxy (if applicable): \_\_\_\_\_

**Opportunity for Participation**

At Temple Sholom, we believe that joining a congregation is a spiritual and emotional commitment. We encourage all congregants to become involved in all aspects of life in our Temple community. We have found that the best way to do so is by joining a committee. Do you have expertise or interest in any of those listed below? If so, please check the appropriate box or boxes. Your participation will help strengthen our Temple community and help you to more quickly feel welcome and make new friends.

Holiday Celebrations and/or decoration		Shiva Support
Budget and Finance	Assisting with office work	Website updating
Informal Youth Activities	Social Action & Mitzvah Projects	Library
Communications & Publicity	Visiting the Sick	Fund Raising
Bulletin Writing, Editing	Religious School Activities & projects	
Maintenance & Building Repair		

## New Members Agreement

“Tell the Israelite people to bring Me gifts; You shall accept gifts for Me from every person whose heart is so moved.” Exodus 25:1

To the Temple Sholom Board: I would like to support Temple Sholom of Monticello, NY by becoming a member. I understand that Temple Sholom is a Reform Congregation and a member of the Union for Reform Judaism. By joining Temple Sholom, I am helping to ensure the mission, vision and goals of Temple Sholom as a Reform congregation as well as the future of progressive Judaism in our area. My signature below attests that I am committed to following the fully egalitarian and progressive tenets and teachings of Reform Judaism should I become a member of this congregation.

**FINANCIAL OBLIGATION TO THE TEMPLE**

I/We agree to pay my/our annual financial obligation as set by the Temple Board for the fiscal year ending June 30, \_\_\_\_\_ based on the following category:

**ANNUAL FINANCIAL OBLIGATION<sup>1</sup>**

CATEGORY	AMOUNT	BUILDING FUND*
_____ FAMILY MEMBERSHIP	\$1,540	\$500
_____ SINGLE MEMBERSHIP	\$755	\$250
_____ SENIOR FAMILY <sup>A</sup>	\$1,285	\$400
_____ SENIOR SINGLE <sup>A</sup>	\$640	\$200

<sup>1</sup> One person is age 62 and over

\* The Building Fund is payable in equal installments in 5 years

\_\_\_\_\_ YOUNG SINGLE OR FAMILY

(For those under the age of 32 at application, dues are reduced by 100% for the first year, 50% for the second year, 25% for the third year. Building Fund payment may be delayed for the first year of Young Membership.)

\_\_\_\_\_ MITZVAH MEMBERSHIP – In addition to one of the above categories you can choose to become a Mitzvah Member of Temple Sholom by paying an additional annual amount of \$250. This is a way of helping to sustain Temple Sholom. Mitzvah members will be mentioned in the Harbinger and honored at a special Shabbat in the late Spring and on High Holy Days.

\_\_\_\_\_ Enclosed with the Membership Application is a check covering a minimum of one quarter of the annual Financial Obligation for \$\_\_\_\_\_ and the first installment of the Building Fund of \$\_\_\_\_\_.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**FINANCIAL REVIEW:** The Financial Obligation set by the Temple Sholom Board is based on our financial needs to keep Temple Sholom going in a fiscally responsible manner each year. We do not want to deny membership to anybody because of his or her inability to meet this financial obligation. We have a financial review process for those members whose inability to pay would prevent them from joining. All information given to the committee is kept confidential. To apply for financial review, send in this form and check the box below. Please note that financial review needs to be re-applied for each year.

\_\_\_\_\_ I would like to apply for financial review. Please send me the application.