



**TEMPLE SHOLOM
MEMBERSHIP APPLICATION**

5 East Dillon Road

P. O. Box 664

Monticello, NY 12701

Tel: 845-794-8731 Fax: 845-794-8902

sholomoffice@hotmail.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. If you haven't already done so, we suggest you also attend at least 2 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

PLEASE PRINT ALL INFORMATION	ADULT APPLICANT 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	ADULT APPLICANT 2 <input type="checkbox"/> Male <input type="checkbox"/> Female
Title & Full Name		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married _____ date <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Hebrew Name (if known)		
Date of Birth		
Cell phone		
E-mail		
I would like to receive temple communications via email.	Yes ____ No ____	

Contact Information – Including Winter & or Summer Addresses

Home address #1: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail _____

Home address #2: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell phone: _____

Religious Background

	Adult Applicant 1	Adult Applicant 2
Religious background in which you were raised	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Non Jewish <input type="checkbox"/> Jewish unaffiliated	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Non Jewish <input type="checkbox"/> 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		

Children's Information

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

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.

- | | | |
|--|---|---|
| <input type="checkbox"/> Holiday Celebrations | <input type="checkbox"/> Assisting with office work | <input type="checkbox"/> Website updating |
| <input type="checkbox"/> Budget and Finance | <input type="checkbox"/> Social Action & Mitzvah Projects | |
| <input type="checkbox"/> Informal Youth Activities | <input type="checkbox"/> Visiting the Sick | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Communications & Publicity | <input type="checkbox"/> Religious School Activities & projects | |
| <input type="checkbox"/> Bulletin Writing, Editing | <input type="checkbox"/> Writing the Harbinger, our newsletter | |
| <input type="checkbox"/> Maintenance & Building Repair | | |

“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 well as the future of progressive Judaism in our area.

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, 2024 based on the following category:

ANNUAL FINANCIAL OBLIGATION¹

<u>CATEGORY</u>	<u>AMOUNT</u>	<u>BUILDING FUND*</u>
<u> </u> FAMILY MEMBERSHIP	\$1,832	\$500
<u> </u> SINGLE MEMBERSHIP	\$916	\$250
<u> </u> SENIOR FAMILY ²	\$1,526	\$400
<u> </u> SENIOR SINGLE ³	\$758	\$200

¹ 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 at least 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.
