



Temple Beth Sholom

1809 Whitney Avenue

Hamden, CT 06517

Phone (203) 288-7748 Facsimile (203) 288-0582

www.tbshamden.com tbsOffice@tbshamden.com

Membership Application

Temple Beth Sholom is an egalitarian Conservative synagogue affiliated with the United Synagogue of Conservative Judaism (USCJ), located in Hamden, Connecticut; serving the Greater New Haven community with a vibrant Hebrew school and an NAEYC accredited preschool. Our members and leaders have demonstrated abilities and the willingness to provide programs designed for today's changing families. We welcome as members all people of the Jewish faith who are committed to our conservative traditions. We aspire to make Temple membership accessible for all who wish to join and thank you for considering our synagogue for your spiritual needs.

In addition to knowing you are part of a congregation with a rich history, values and tradition, your membership includes:

- The participation of Rabbi Benjamin Scolnic in your personal and life-cycle events
- High Holy Days, Shabbat, Holiday and daily minyan services
- Religious School and Bar/Bat Mitzvah preparation (tuition required)
- Youth activities including USY, Kadima and family programming
- Annual Yahrzeit notification
- Full access to Temple Beth Sholom website
- Subscription to Temple bulletin
- Membership in the United Synagogue of Conservative Judaism
- A regular offering of adult classes, support groups and cultural programs
- Invitations to all Temple events and holiday celebrations

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Please Print and fill in or Type on-line and print out

Household Information

Date	Family Name		
Address	City	State	Zip Code
Home Phone	Marital Status	Wedding Date (if applicable)	Both Applicants Jewish?
			<input type="radio"/> Yes <input type="radio"/> No
How long have you lived in the Hamden area?			
Have you previously been a member of Temple Beth Sholom? If yes; when:			
Have you previously been a member of another area synagogue? If yes; when and where:			

Applicant Information

Name:		Preferred Title	
Date of Birth:	Name You Wish to Be Called		
		<input type="radio"/> Kohen <input type="radio"/> Levi <input type="radio"/> Israelite	
Contact Information			
Work Phone	Cell Phone	Work Email Address	Home Email Address
Work Fax	Home Fax	Other Contact Information (if applicable)	
Employer's Name/Profession			
Your Hebrew Name, If Known:	Father's Hebrew Name, If Known:	Mother's Hebrew Name, If Known:	
Conversion Information, if applicable			
Date	Officiating Rabbi	Name and Address of Synagogue	

Co-Applicant Information

Name:		Preferred Title	
Date of Birth:	Name You Wish to Be Called		
		<input type="radio"/> Kohen <input type="radio"/> Levi <input type="radio"/> Israelite	
Contact Information			
Work Phone	Cell Phone	Work Email Address	Home Email Address
Work Fax	Home Fax	Other Contact Information (if applicable)	
Employer's Name/Profession			
Your Hebrew Name, If Known:	Father's Hebrew Name, If Known:	Mother's Hebrew Name, If Known:	
Conversion Information, if applicable			
Date	Officiating Rabbi	Name and Address of Synagogue	

Children and Dependents

	1	2	3	4
Name				
Hebrew Name				
Bar/Bat Mitzvah Date				
Birth Date				
Sex				
Physical Limitations				
School Information				
Secular School Grade				
Secular School Name				
Conversion Information, if applicable				
Date of Conversion				
Officiating Rabbi				
Name of Synagogue				
Address of Synagogue				

Yahrzeit Information

Name of Deceased	Related to Whom?	Relationship	Date of Death	Before or After Sundown	Full Hebrew Name

Applicant's Signature _____ Date _____

We welcome any additional information, comments, special interests, skills or needs you may have -- (i.e. leading services, reading torah etc):

So that we may fully welcome you into our community, kindly complete the next page.

For Office Use Only:

Date received:

Payment Date and type:

Date approved by Board of Directors:

Correspondence Address Preference:

Welcome to Temple Beth Sholom. This page of the application will be shared with members of the Board of Directors and the Chairpeople of various committees to help meet your needs and fully welcome you.

Your Name: _____ **Date:** _____

What was the most important factor in your joining Temple Beth Sholom?	
<input type="radio"/> Attended service/life-cycle event	<input type="radio"/> Religious school for children
<input type="radio"/> Moved to community	<input type="radio"/> Relationship with the Rabbi
<input type="radio"/> Recommended by a Temple member: Name _____	
<input type="radio"/> Other:	

Interest and Involvement Information - Please check the boxes of programs about which you would like more information.	
<input type="radio"/> Adult Education	<input type="radio"/> Religious School
<input type="radio"/> K'tanim Nursery School	<input type="radio"/> Bar / Bat Mitzvah
<input type="radio"/> Mitzvah Committee	<input type="radio"/> Adult Bar / Bat Mitzvah
<input type="radio"/> Israel Affairs Committee (<i>educational programs, travel opportunities</i>)	<input type="radio"/> Social Action and/or Community Service
<input type="radio"/> Volunteer Work at Temple (<i>ushering at services, serving on a committee, etc.</i>)	<input type="radio"/> Spiritual/Ritual Events
<input type="radio"/> Sisterhood	<input type="radio"/> Men's Club
<input type="radio"/> Minyan Services	
<input type="radio"/> Other (please specify)	

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Building Fund Pledge

Temple Beth Sholom owes its successful operation in large part to the generous financial contributions of its members. These contributions come primarily through annual membership fees, donations and a multi-year Building Fund pledge. For individuals age 67 and older and couples with at least one member 67 or older, the building fund pledge is waived, but greatly appreciated, when offered.

Member Name(s) _____

Address: _____

Telephone: Day: _____ Evening: _____

I / we understand that a pledge to the Building Fund is part of the responsibilities of membership in Temple Beth Sholom. Termination of membership at Temple Beth Sholom does not result in abatement of the pledge unless I / we move out of the area generally served by Temple Beth Sholom.

I / we pledge to pay \$ 1,200.00

I / we understand that the maximum pledge period is five (5) years, and wish to make contributions as follows:

_____ Full payment is enclosed

_____ Quarterly payments of \$54.00 (An initial deposit of \$120.00 must accompany this form)

Signature: _____

Date: _____

Checklist for submitting application by mail or in person
This sheet is for your information and use only.

- Completed application
- Completed Building Fund Pledge Form
- Check payable to Temple Beth Sholom for membership in the amount of \$200.00. Please write “membership” in the memo section of your check.
- Check payable to Temple Beth Sholom for Building Fund in the amount of \$120.00. Please write “Building Fund” in the memo section of your check.
- Check payable to Temple Beth Sholom for Hebrew School in the amount of \$50.00 per child, if applicable. Please write “Hebrew School” in the memo section of your check.

Please call or email the Temple office with any questions. (203-288-7748 tbsoffice@tbshamden.com)