



MEMBERSHIP APPLICATION

Membership is Your Jewish Connection

Date _____

Mr/Mrs _____
(Member 1) Full Name (Print)

Mr/Mrs _____
(Member 2) Full Name (Print)

Address _____

Apartment Number _____

City, State, & Zip _____

Community Name _____

Home Telephone Number _____

Cell Phone (Member 1) _____

Cell Phone (Member 2) _____

E-Mail (Member 1) _____

E-Mail (Member 2) _____

_____/_____/_____
Birth date (Member 1)

_____/_____/_____
Birth date (Member 2)

Anniversary date

Occupation Member 1 (even if retired)

Occupation Member 2 (even if retired)

Employer _____

Employer _____

Friends and/or Relatives that are also members of Temple Shaarei Shalom? _____

Emergency Contact Person: _____

Home Phone Number: (____) _____

Cell Phone Number: (____) _____

Relationship: _____

(OVER)



Names & Birthdates of children at home:

			Public School	TSS Religious School
_____	_____	____/____/____	Grade _____	Enrolled
Name First and Last	Gender	Birth Date	as of Sept. 2019	Yes or No
Public School Name _____				
_____	_____	____/____/____	Grade: _____	Enrolled
Name First and Last	Gender	Birth Date	as of Sept. 2019	Yes or No
Public School Name _____				
_____	_____	____/____/____	Grade: _____	Enrolled
Name First and Last	Gender	Birth Date	as of Sept. 2019	Yes or No
Public School Name _____				
_____	_____	____/____/____	Grade _____	Enrolled
Name First and Last	Gender	Birth Date	as of Sept. 2019	Yes or No
Public School Name _____				

Seasonal Address if you are an Associates Single or Associated Couple

City, State, Zip _____ Dates you are here in Florida _____

At which Reform Temple are you a member?

Name	City, State, Zip Code	Dates
_____	_____	_____

I/WE IN MAKING APPLICATION FOR MEMBERSHIP in Temple Shaarei Shalom, agree to abide by its Constitution and regulations as authorized by the Board of Trustees, and hope to become involved as fully as possible in the Ritual, Educational, and Social programs of the congregation.

I/WE recognize that Temple Shaarei Shalom, as a non-profit institution, must be supported fully by its members, and I/We pledge to undertake a reasonable share of fiscal responsibility for the entire fiscal year regardless of payment plan or method.

_____ (Member 1) Signature _____ (Member 2) Signature

_____ Date _____ Date

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