



2011 / 2012
MEMBERSHIP APPLICATION

THE TEMPLE BETH SHOLOM FAMILY RECORD

(This information is treated confidentially in our Temple office.)

Full Name _____

Title: Mr. Mrs. Ms. Dr. Other _____ (Nickname) _____

Hebrew Name _____ ben/bat _____ v _____
Father's Name Mother's Name

Residence Address _____ Apt. # _____

City and State _____ Zip Code _____

Occupation _____ Name of Business _____

Business Address _____ City _____ State _____ Zip _____

Phone Numbers:

Home _____ Business _____

Cell _____ Email or Fax _____

Date you moved to Las Vegas _____ from _____
City State

Other Congregational affiliation _____ in _____
City State

Date of birth _____ Place of birth _____
Month Day Year City State

Married Single Separated Widow Widower Anniversary _____ / _____ / _____
Month Day Year

I was raised: Orthodox; Conservative; Reconstructionist; Reform; Non Practicing; Not Jewish

Did you convert to Judaism? Yes; No. Conversion Date _____ Place _____
City State

Rabbi who coordinated the conversion process: _____

Membership in Jewish Organizations _____

Areas of interest in Temple activities: Men's Club Women's League Religious School Preschool
 Adult Education Music Programming Committee, which Area(s) _____

List name and relationship to any member (s) of the Temple _____

Spouse's Name _____ Maiden Name (if applicable) _____

Title: Mr. Mrs. Ms. Dr. Other _____ (Nickname) _____

Hebrew Name _____ ben/bat _____ v _____
Father's Name Mother's Name

Date of birth _____ Place of birth _____
Month Day Year City State

Cell _____ Email or Fax _____

Occupation _____ Name of Business _____

Business Address _____ City _____ State _____ Zip _____

I was raised: Orthodox; Conservative; Reconstructionist; Reform; Non Practicing; Not Jewish

Did you convert to Judaism? Yes; No. Conversion Date _____ Place _____
City State

Rabbi who coordinated the conversion process: _____

Membership in Jewish Organizations _____

UNMARRIED CHILDREN IN HOUSEHOLD

English Name	Last Name (if different)	Hebrew Name	Gender	Birth Date	Grade In School	# of Yrs. Attended Hebrew School	Year of Bar/Bat Mitzvah

The child does not reside with me. The child's address is _____

For school mailings to be sent to both parents, please list both parent's name and address information

Is the child (children) Jewish by birth? _____ If not, please explain (We consider a child Jewish when the mother was Jewish At time of child's birth or if the child converted to Judaism.)

MARRIED CHILDREN or CHILDREN LIVING AWAY FROM HOME

We would like to stay in touch with our extended Temple Beth Sholom family to remind them of Holy Days and Observances.

Name _____ Educational Institute (if applicable) _____

Home or Institute Address _____
City State Zip

Field (s) of Study (if applicable) _____

Telephone _____ Fax _____ Email _____

Name _____ Educational Institute (if applicable) _____

Home or Institute Address _____
City State Zip

Field (s) of Study (if applicable) _____

Telephone _____ Fax _____ Email _____

Yahrzeit Information

Name of Deceased _____ Relationship _____

Member to be notified _____ Date of Passing _____

Name of Deceased _____ Relationship _____

Member to be notified _____ Date of Passing _____

Name of Deceased _____ Relationship _____

Member to be notified _____ Date of Passing _____

TEMPLE BETH SHOLOM 2011/2012 DUES SCHEDULE

United Synagogue of America affiliation dues and Ticket(s) for Seating in the Member's Section for Rosh Hashanah and Yom Kippur are included

Family Membership Dues Categories are determined by the Age of the older spouse at the time of application

<i>Please check the Membership Category That applies to your family situation</i>	<i>Building Fund Assessment (Payable over 5 years)</i>	<i>Security *</i>	<i>Numer of HHD Tickets Included</i>
Family (25+ years of age).....\$1,660 year.....	\$2,500	\$125/\$150	2
Senior Family (65+ years of age)..... \$1,450 per year.....	\$2,150	\$125/\$150	2
Single (25+ years of age).....\$1,320 per year.....	\$2,025	\$125/\$150	1
Senior Single (65+ years of age).....\$1,150 per year.....	\$1,750	\$125/\$150	1
Under 25 years of age (married).....\$ 500 per year.....	N/A	\$125/\$150	2
Under 25 years of age (single).....\$ 360 per year.....	N/A	\$125/\$150	1

Please note that members are required to pay at least 1/2 of the Annual Membership Dues to receive courtesy seating in the member section for the High Holy Days services. Information is available from the Temple office regarding the costs for additional High Holy Day tickets. The membership year runs from July 1 through June 30 of each year.

***Security Fee**

Members of Temple Beth Sholom help to defray the cost of security through a Security Fee. The fees for 2010/2011 are \$125 for members who do not have children in the preschool or Schechter school and \$150 for households who do have children in one of these schools.

METHOD OF PAYMENT

Credit Card Payments: You may pay by Visa or MasterCard. If you pay in full there will be no additional charge. If you choose to pay by credit card in installments, a 3% fee will be charged.

____ Payment in full is enclosed

____ Partial payment is enclosed in the amount of \$ _____ (check or money order)

____ Please charge my credit card in the amount of \$ _____ Charge to my: ____ Visa: ____ Mastercard

Card Number _____ Expiration Date _____ CCV _____

Card Issued to _____ Signature _____

Applicant's signature Date

Applicant's signature Date

Were you recommended by another Temple member? If so, whom? _____

Please return this Membership Application to
 Temple Beth Sholom
 10700 Havenwood Lane, Las Vegas, NV 89135
 For further information, please call (702) 804-1333