



**MEMBERSHIP APPLICATION  
2024 - 2025 / 5785**

**TEMPLE BETH SHOLOM**

# MEMBERSHIP APPLICATION JULY 2024 - JUNE 2025 | 5784-5785

Thank you for becoming a member of Temple Beth Shalom. We welcome you into our TBS family. Please fill out the form below and return it with your payment to the Temple office.

**MEMBERSHIP TYPE** Please check the ONE box that most applies to you.

- Single  
  Family  
  Young Professional Single  
  Young Professional Family  
  Senior Single  
  Senior Family

**ADULT MEMBER INFORMATION**

**ADULT MEMBER 1:**  Male  Female  
 Salutation:  Dr.  Mr.  Mrs.  Ms.  Other \_\_\_\_\_

\_\_\_\_\_  
 First Name and Middle Initial                      Nickname

\_\_\_\_\_  
 Last Name    Date of Birth

\_\_\_\_\_  
 Street Address/Apartment No.

\_\_\_\_\_  
 City, State, Zip

\_\_\_\_\_  
 Home Phone                      Cell Phone                      Work Phone

\_\_\_\_\_  
 Email 1                                      Email 2

\_\_\_\_\_  
 Occupation                                      Name of Business

\_\_\_\_\_  
 Business Street Address                      City, State, Zip

\_\_\_\_\_  
 College/Graduate School

\_\_\_\_\_  
 Hebrew Name      ben/bat (son/daughter of)

\_\_\_\_\_  
 Father's Hebrew Name                      Mother's Hebrew Name

Raised:  Orthodox    Conservative    Reconstructionist  
 Reform    Non-Practicing    Not Jewish  
 If you converted to Judaism, please indicate the following:

\_\_\_\_\_  
 Conversion Date      City, State      Rabbi's Name

\_\_\_\_\_  
 Date you Moved to Las Vegas      From City, State

\_\_\_\_\_  
 Other Congregation Affiliation      In City, State

\_\_\_\_\_  
 Emergency Contact Name                      Emergency Contact Phone

\_\_\_\_\_  
 Emergency Contact Email

\_\_\_\_\_  
 Emergency Contact's Relationship to You  
 Is this person a TBS member?  Yes    No

\_\_\_\_\_  
 Name of family or friends who are TBS members

\_\_\_\_\_  
 Name of family or friends who are TBS members

**ADULT MEMBER 2:**  Male  Female  
 Salutation:  Dr.  Mr.  Mrs.  Ms.  Other \_\_\_\_\_

\_\_\_\_\_  
 First Name and Middle Initial                      Nickname

\_\_\_\_\_  
 Last Name    Date of Birth

\_\_\_\_\_  
 Street Address/Apartment No.

\_\_\_\_\_  
 City, State, Zip

\_\_\_\_\_  
 Home Phone                      Cell Phone                      Work Phone

\_\_\_\_\_  
 Email 1                                      Email 2

\_\_\_\_\_  
 Occupation                                      Name of Business

\_\_\_\_\_  
 Business Street Address                      City, State, Zip

\_\_\_\_\_  
 College/Graduate School

\_\_\_\_\_  
 Hebrew Name      ben/bat (son/daughter of)

\_\_\_\_\_  
 Father's Hebrew Name                      Mother's Hebrew Name

Raised:  Orthodox    Conservative    Reconstructionist  
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 If you converted to Judaism, please indicate the following:

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 Conversion Date      City, State      Rabbi's Name

\_\_\_\_\_  
 Date you Moved to Las Vegas      From City, State

\_\_\_\_\_  
 Other Congregation Affiliation      In City, State

\_\_\_\_\_  
 Emergency Contact Name                      Emergency Contact Phone

\_\_\_\_\_  
 Emergency Contact Email

\_\_\_\_\_  
 Emergency Contact's Relationship to You  
 Is this person a TBS member?  Yes    No

\_\_\_\_\_  
 Name of family or friends who are TBS members

\_\_\_\_\_  
 Name of family or friends who are TBS members

**CHILD MEMBER INFORMATION (FAMILY MEMBERSHIP ONLY)** Children are welcome as part of a Family Membership until the age of 23. Children 24 or older should complete their own membership application.

**CHILD MEMBER 1:**  Male  Female

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Grade in Sept. 2024 \_\_\_\_\_

Name of School \_\_\_\_\_

If college, Graduation Date \_\_\_\_\_

**CHILD MEMBER 2:**  Male  Female

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Grade in Sept. 2024 \_\_\_\_\_

Name of School \_\_\_\_\_

If college, Graduation Date \_\_\_\_\_

**CHILD MEMBER 3:**  Male  Female

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Grade in Sept. 2024 \_\_\_\_\_

Name of School \_\_\_\_\_

If college, Graduation Date \_\_\_\_\_

(Please call office for additional children.)

**Yahrzeit Information**

**FOR ADULT MEMBER 1:**

Name of Deceased 1 \_\_\_\_\_

Relationship to You \_\_\_\_\_

Date of Death (English Calendar) After sunset:\*  Yes  No

Name of Deceased 2 \_\_\_\_\_

Relationship to You \_\_\_\_\_

Date of Death (English Calendar) After sunset:\*  Yes  No  
\*required for yahrzeit reminder

(Please call office if you have more yahrzeits.)

**FOR ADULT MEMBER 2:**

Name of Deceased 1 \_\_\_\_\_

Relationship to You \_\_\_\_\_

Date of Death (English Calendar) After sunset:\*  Yes  No

Name of Deceased 2 \_\_\_\_\_

Relationship to You \_\_\_\_\_

Date of Death (English Calendar) After sunset:\*  Yes  No  
\*required for yahrzeit reminder

(Please call office if you have more yahrzeits.)

**Types of Membership**

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

**SINGLE:** Singles between 30 and 64 years old without children receive all membership privileges and one High Holy Days ticket.

**FAMILY:** Married couples or two individuals (ages 30 - 64 years) living in a partnered relationship (with or without children), or single parents with children receive all membership privileges and High Holy Days tickets for two adults.

**YOUNG PROFESSIONAL SINGLE:** Singles between 20 and 29 years old. Receives all membership privileges and one High Holy Days ticket.

**YOUNG PROFESSIONAL FAMILY:** Married couples or two individuals (ages 20-29 years) living in a partnered relationship receive all membership privileges and High Holy Days tickets for two adults or a single parent with children receive all membership privileges and High Holy Days tickets for one adult.

**SENIOR SINGLE:** Singles (65+ years of age) receive all membership privileges and one High Holy Days ticket.

**SENIOR FAMILY:** Married couples or two individuals (ages 65+ years) living in a partnered relationship, receive all membership privileges and High Holy Days tickets for two adults.

## TEMPLE BETH SHOLOM 2024-2025 MEMBERSHIP DUES

United Synagogue of America affiliation dues and Ticket(s) for Seating in the Member's Section for Rosh Hashanah and Yom Kippur are included. Membership Dues Categories are determined by the age of the older spouse/partner at the time of application.

Please check the category that applies to you.	\$ Dues per year	Building Fund Assessment (Payable over 5 years)	Security	*Building Maintenance	Number of HHD Tickets Included
<b>SINGLE:</b> (ages 30-64 yrs.)	\$ 1,800 per year	\$ 405	\$ 275 per year	\$200	1
<b>FAMILY:</b> (ages 30-64 yrs.)	\$ 2,450 per year	\$ 500	\$ 275 per year	\$200	2
<b>SENIOR SINGLE:</b> (age 65+)	\$ 1,500 per year	\$ 350	\$ 275 per year	\$200	1
<b>SENIOR FAMILY:</b> (age 65+)	\$ 2,000 per year	\$ 420	\$ 275 per year	\$200	2

### YOUNG PROFESSIONAL

<b>SINGLE:</b> (ages 20-29 yrs.)	\$ 380 per year		\$ 275 per year	\$200	1
<b>FAMILY:</b> (ages 20-29 yrs.)	\$ 525 per year		\$ 275 per year	\$200	2

\*Payable only after Building Fund Assessment is paid in full

Please note that dues need to be paid in full or have an approved payment plan on file with the Temple office by October 1st. *Information is available from the Temple office regarding the costs for additional High Holy Day tickets.* The membership year runs from July 1 - June 30 of each year.

If you are experiencing financial difficulties this year, please reach out to us. We are committed to ensuring that no one is denied membership due to an inability to pay. We offer dues reduction and payment plans to accommodate your needs. All financial information provided is strictly confidential. For more information or to request a Reduction Application, please contact the temple office at (702) 804-1333, ext. 100.

## METHOD OF PAYMENT

PAYMENT - In full; in the amount \$ \_\_\_\_\_.  Credit Card

PARTIAL PAYMENT - In the amount \$ \_\_\_\_\_.  Credit Card

**FUTURE PAYMENTS** - If you are not paying the full balance now, please indicate how you would like to pay the remaining balance:

Please bill me for the remaining balance.

Please **automatically** charge:  credit card (fill out cc section below)

Monthly. Please indicate monthly date to process. \_\_\_\_\_

**All membership dues must be paid in full or have an approved payment plan by October 1st.** Membership dues are considered a tax-deductible donation and are not refundable.

## CREDIT CARD INFORMATION

Credit Card Payments: You may pay by Visa, MasterCard or American Express through the office or online.

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CCV \_\_\_\_\_

Credit Card Issued to \_\_\_\_\_ Signature \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

