



# 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:

			<b>Public School</b>	<b>TSS Religious School</b>
_____	_____	____/____/____	Grade _____ as of Sept. 2021	Enrolled Yes or No
Name First and Last Public School Name _____	Gender	Birth Date		
_____	_____	____/____/____	Grade: _____ as of Sept. 2021	Enrolled Yes or No
Name First and Last Public School Name _____	Gender	Birth Date		
_____	_____	____/____/____	Grade: _____ as of Sept. 2021	Enrolled Yes or No
Name First and Last Public School Name _____	Gender	Birth Date		
_____	_____	____/____/____	Grade _____ as of Sept. 2021	Enrolled Yes or No
Name First and Last Public School Name _____	Gender	Birth Date		

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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