



MEMBERSHIP APPLICATION

Membership is Your Jewish Connection

Date _____

Title (Member 1) Full Name (Print) Title (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?

What brought you to TSS?

Emergency Contact Person:

Home Phone Number: (____)

Cell Phone Number: (____)

Relationship:

(OVER)



Names & Birthdates of all children at home, regardless of enrollment in Religious School:

			Public School	TSS Religious School
_____	_____	____/____/____	Grade _____	Enrolling
Name First and Last	Preferred Gender	Birth Date	as of Sept. 2024	Yes or No
_____	_____	____/____/____	Grade: _____	Enrolling
Name First and Last	Preferred Gender	Birth Date	as of Sept. 2024	Yes or No
_____	_____	____/____/____	Grade: _____	Enrolling
Name First and Last	Preferred Gender	Birth Date	as of Sept. 2024	Yes or No
_____	_____	____/____/____	Grade _____	Enrolling
Name First and Last	Preferred Gender	Birth Date	as of Sept. 2024	Yes or No

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. _____ initial _____ initial

_____ **MEDIA RELEASE AND PERMISSION:** I hereby give permission to Temple Shaarei Shalom to take and use still photos and video of me or my children for appropriate media coverage including for the Temple Shaarei Shalom website and Facebook page and for the other Jewish agencies.

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

_____ Date _____ Date

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