



MEMBERSHIP FORM

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 Occupation Member 2
(if retired please list previous occupation and employer) (if retired please list previous occupation and employer)

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 living at home, regardless of enrollment in Religious School:

			TSS
			Grade School Religious School
Name First and Last	Preferred Gender	Birth Date / /	Grade _____ as of Sept. 2025
Public/Private School Name			Enrolling Yes or No
Name First and Last	Preferred Gender	Birth Date / /	Grade: _____ as of Sept. 2025
Public/Private School Name			Enrolling Yes or No
Name First and Last	Preferred Gender	Birth Date / /	Grade: _____ as of Sept. 2025
Public/Private School Name			Enrolling Yes or No
Name First and Last	Preferred Gender	Birth Date / /	Grade _____ as of Sept. 2025
Public/Private School Name			Enrolling Yes or No

Seasonal Address if you are an Associate Member (associate membership is available to those who live in Palm Beach County 6 months or less each year AND are full dues paying members at a URJ affiliated congregation. Proof of membership will be required each year.)

Address	Apt.	
City, State, Zip	Dates you generally are in Florida	
At which Reform Temple are you a member?		
Name	City, State, Zip Code	Phone

I/WE IN BECOMING A MEMBER OF 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	Date	(Member 2) Signature	Date
----------------------	------	----------------------	------

9085 Hagen Ranch Road • Boynton Beach, FL 33472 • Telephone (561) 364-9054 • Fax (561) 364-1506
 temple@templeshaareishalom.com • Website: www.templeshaareishalom.com
 Member of the Union for Reform Judaism (URJ)