



# Temple Beth Shalom

5089 Johnstown Road  
New Albany, Ohio 43054

PHONE (614) 855-4882  
 FAX (614) 855-4689  
 WEBSITE www.tbsohio.org  
 EMAIL tbs@tbsohio.org

## Membership Application

*"Do not separate yourself from the community."* (Talmud)

Family Name: \_\_\_\_\_

Last Name(s)

First Name(s)

Home Address: \_\_\_\_\_

Street

City, State ZIP

Home Phone #: \_\_\_\_\_

### ADULT # 1

Mr.  Mrs.  Ms.  Miss  Dr.

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

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

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

Occupation: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Religious Background:

Jewish  Other \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ (If Any)

Veteran? Y N Branch \_\_\_\_\_

MARITAL STATUS:  Single  Married (see below)

Divorced  Widowed

Anniversary Date: \_\_\_\_\_

CHILD(REN):

Last Name	First Name	Hebrew Name	Birth Date	Sex	Lives at Home
_____	_____	_____	_____	M / F	Y / N
_____	_____	_____	_____	M / F	Y / N
_____	_____	_____	_____	M / F	Y / N
_____	_____	_____	_____	M / F	Y / N

### ADULT # 2

Mr.  Mrs.  Ms.  Miss  Dr.

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

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

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

Occupation: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Religious Background:

Jewish  Other \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ (If Any)

Veteran: Y N Branch \_\_\_\_\_

OTHER AFFILIATION(S):  Prior  Current

Congregation Name: \_\_\_\_\_

**Yahrzeits/Anniversaries of Death:**

Name of Departed	Observer's Name	Relationship to Observer	Date of Death	Observe on English/Hebrew Date
_____	_____	_____	_____	<input type="checkbox"/> E <input type="checkbox"/> H
_____	_____	_____	_____	<input type="checkbox"/> E <input type="checkbox"/> H
_____	_____	_____	_____	<input type="checkbox"/> E <input type="checkbox"/> H
_____	_____	_____	_____	<input type="checkbox"/> E <input type="checkbox"/> H

**Volunteer Opportunities:**

Get involved! Temple Beth Shalom has many volunteer opportunities for new members. To get involved in Temple activities, programs, and policy development, please indicate below, those opportunities that might interest you. You will be contacted with more information.

**ADULT**

#1 #2

- Adult Education
- Archives Management
- Budget and Finance
- Caring Community
- Choir (Sharyonim)
- Interior Furnishings
- Marketing and Communication
- New Family Support/ Mentoring

**ADULT**

#1 #2

- Men's Club
- Office Help (Answering phones, mailing, etc.)
- Religious Practices
- Religious School/Room Parent
- Scrip Program
- Social Action
- Tot Shabbat/Playgroups (0-5 yrs)
- Women of Beth Shalom (WBS)

**Members Interests:**

Temple Beth Shalom stays in constant contact with its members regarding events occurring at the Temple and in the community. We would like to offer you the opportunity to customize your communication preferences. I am interested in hearing about:

- Youth Events
- Volunteer Opportunities
- Social Groups
- Tot Shabbat/Playgroups (0-5 yrs old)

**Staying in Touch:**

Temple Beth Shalom prints a monthly newsletter (called *The Window*) which is mailed, and we send out our weekly e-bulletin (*The eWindow*). This is the best way to find out about upcoming events. You can also friend us on Facebook.

We'd like to welcome you to the congregation in *The Window*!

- Check here if you would NOT like your name(s) to be included

At Temple Beth Shalom we LOVE to take pictures. Pictures of you and/or your family may appear in our printed or online materials. If this concerns you, please contact Bonnie Abramowitz, our Executive Director at babramowitz@tbsohio.org or call the Temple Office at (614) 855-4882.

# Annual Support Commitment (or “Dues”)

*“The Eternal spoke to Moses, saying: Tell the Israelite people to bring Me gifts; you shall accept gifts for Me from every person whose heart so moves them.” (Exodus 25:1-2)*

Temple Beth Shalom opens its membership to anyone whose heart so moves them to express themselves Jewishly. Joining Temple Beth Shalom creates a covenant between the member and the congregation. As part of this covenant, the members and the congregation support each other. The members’ most ubiquitous expression of support for the congregation is through the pledge of the Annual Support Commitment (or “Dues”).

Standard Annual Support (“Dues” Categories)	Ages & Amounts		Facility Fee	Total
	24-31 yrs	32+ yrs		
			All Families	
<b>Two Adult Household (TAH 32+)</b> (including children ages birth to 23 years old)	\$975.00	\$1,950.00	\$225.00	
<b>Single Adult Household (SAH) 32+</b> (including children ages birth to 23 years old)	\$487.50	\$1,462.50	\$225.00	

**\*Note:** In accordance with Jewish tradition, Temple Beth Shalom asks each member to evaluate their financial circumstances conscientiously to determine the amount of their Annual Support Commitment. When a member has the financial ability to pledge above the standard level of annual support, they are encouraged to do so. One customary guideline for members of Reform Jewish synagogues is to pledge 2% of gross annual income for the Annual Support of the synagogue.

## Giving “Above & Beyond” the Standard Annual Support:

Temple Beth Shalom has established a “super-dues” designation known as “Above & Beyond” for those members who voluntarily pay \$500 or more per year above and beyond their Standard Annual Support Category. The “rewards” for becoming a member who gives “Above & Beyond” is an occasional special recognition, and the knowledge that your gift makes membership in TBS available to all.

“Above and Beyond” Support (“Dues” Categories)	Ages & Amounts		Facility Fee	Total
	24-31 yrs	32+ yrs		
			All Families	
<b>Two Adult Household (TAH 32+)</b> (including children ages birth to 23 years old)	\$1,475.00	\$2,450.00	\$225.00	
<b>Single Adult Household (SAH) 32+</b> (including children ages birth to 23 years old)	\$987.50	\$2,157.50	\$225.00	

# “Friends of Temple Beth Shalom”

“Who finds a faithful friend finds a treasure.” (Apocrypha, Ben Sira, 6.14)

For those who do not reside in Central Ohio or who are members “in good standing” of another Central Ohio synagogue, but wish to affiliate with Temple Beth Shalom, Temple Beth Shalom has created a non-member affiliation called “Friends of TBS”. In exchange for their Annual Support Commitment, “Friends of TBS” receive Temple mailings (including *The Window*), yahrzeit notifications, and passes to High Holy Day services.

Non-Member Categories	24-31 years	32+ years	Facility Fees (optional)	Total
“Friend of TBS” (FOT)	1/2 of the amount of the appropriate dues category	1/2 of the amount of the appropriate dues category	\$225.00	

**BILLING PREFERENCES:**

The Temple Beth Shalom fiscal year begins on July 1<sup>st</sup> and ends on June 30<sup>th</sup>. First year annual support will be prorated to the quarter in which you join.

I/we prefer to make regular  monthly  quarterly  annual payments

Please accept this application for membership in Temple Beth Shalom, as a

- Two Adult Membership     
  Single Adult Membership     
  Friend of TBS

In accordance with the provided guidelines, I/we make the following Annual Support Commitment to Temple Beth Shalom for the current fiscal year (July 1<sup>st</sup> - June 30<sup>th</sup>):

\$ \_\_\_\_\_

One quarter of the Annual Support Commitment is due with this application. In accordance with this requirement:

Please find attached check number \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ OR credit card form

For Future Payments, I/we have submitted:

- Completed ACH Form  
 credit card Form (Temple Beth Shalom accepts Visa, Mastercard, and Discover)  
 I will send in my own check

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

Return application to:

Temple Beth Shalom, Attention: Executive Director, 5089 Johnstown Road, New Albany, OH 43054