



# Temple Beth Shalom

5089 Johnstown Road  
New Albany, Ohio 43054

PHONE 614.855.4882

FAX 614.855.4689

WEBSITE [www.tbsohio.org](http://www.tbsohio.org)

EMAIL [tbs@tbsohio.org](mailto:tbs@tbsohio.org)

## Partnership Commitment

*"Behold, how good it is when we can all dwell together" (Psalm 133)*

Family Name: \_\_\_\_\_  
Last Name(s) First Name(s)

Home Address: \_\_\_\_\_  
Street City, State ZIP

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

### **ADULT #1**

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

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

Preferred Name: \_\_\_\_\_ (If Different)

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

Profession: \_\_\_\_\_

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

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

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

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

Preferred Pronoun: \_\_\_\_\_

Tradition in which you were raised:

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

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

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

**MARITAL STATUS:**  Single  Widowed

Divorced  Partner  Married

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

Do you own cemetery plots?  Yes  No

### **ARE YOU RELATED TO OTHER TBS PARTNERS?**

Please list their names and your relationship to them:

\_\_\_\_\_  
\_\_\_\_\_

### **ADULT #2**

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

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

Preferred Name: \_\_\_\_\_ (If Different)

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

Profession: \_\_\_\_\_

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

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

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

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

Preferred Pronoun: \_\_\_\_\_

Tradition in which you were raised:

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

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

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

**OTHER AFFILIATION(S):**  Prior  Current

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

\_\_\_\_\_  
\_\_\_\_\_

**CHILD #1**

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Preferred Name: \_\_\_\_\_ (If Different)  
 Date of Birth: \_\_\_\_\_  
 Preferred Pronoun: \_\_\_\_\_  
 Hebrew Name: \_\_\_\_\_ (If Any)  
 Lives At Home? Y / N (if 18+) Lives In Town? Y / N

**CHILD #3**

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Preferred Name: \_\_\_\_\_ (If Different)  
 Date of Birth: \_\_\_\_\_  
 Preferred Pronoun: \_\_\_\_\_  
 Hebrew Name: \_\_\_\_\_ (If Any)  
 Lives At Home? Y / N (if 18+) Lives In Town? Y / N

**CHILD #2**

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Preferred Name: \_\_\_\_\_ (If Different)  
 Date of Birth: \_\_\_\_\_  
 Preferred Pronoun: \_\_\_\_\_  
 Hebrew Name: \_\_\_\_\_ (If Any)  
 Lives At Home? Y / N (if 18+) Lives In Town? Y / N

**CHILD #4**

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Preferred Name: \_\_\_\_\_ (If Different)  
 Date of Birth: \_\_\_\_\_  
 Preferred Pronoun: \_\_\_\_\_  
 Hebrew Name: \_\_\_\_\_ (If Any)  
 Lives At Home? Y / N (if 18+) Lives In Town? Y / N

**Yahrzeits/Anniversaries of Death:**

Name of Departed:	Observer's Name:	Relationship:	Date of Death:	Observe on Eng/Heb Date
_____	_____	_____	_____	E / H
_____	_____	_____	_____	E / H
_____	_____	_____	_____	E / H
_____	_____	_____	_____	E / H
_____	_____	_____	_____	E / H

Check here if you would like information on our Yahrzeit plaque wall in our sanctuary.

**Partnership Interests:**

Temple Beth Shalom stays in constant contact with its partners 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:

- |   |   |
|---|---|
| <input type="checkbox"/> Youth Events (ages 6-18) | <input type="checkbox"/> Tot Shabbat/Playgroups (0-5 yrs old) |
| <input type="checkbox"/> Volunteer Opportunities  | <input type="checkbox"/> Social Groups                        |

**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 follow us on Facebook, Twitter, and Instagram.

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 Executive Director Bobby Covitz at bobby@tbsohio.org or call the Temple Office at (614) 855-4882.

**BILLING PREFERENCES:**

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

I/we prefer to make payments:  monthly  quarterly  annually

Statements are mailed according to the payment frequency selected. Please let us know if you prefer to have your statement emailed

Note: When working with families who require financial assistance, we strive to set up monthly payments that work for both parties.

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

Two Adult Membership  Single Adult Membership  Friend of TBS

**I would like to make an Above & Beyond contribution!**

In addition to the sustaining annual membership dues, I can additionally provide:

\_\_\_\$175    \_\_\_\$500    \_\_\_\$1,000    \_\_\_another amount of: \$\_\_\_\_\_

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>):

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

25% of the Annual Support Commitment should be submitted along with the application:

Please find attached check number \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ OR attached 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 submit my payment online through [tbsohio.org/annual-support-payments.html](https://tbsohio.org/annual-support-payments.html)
- I will send in my own check

\_\_\_\_\_  
Signature (Adult 1)

\_\_\_\_\_  
Signature (Adult 2)

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

**Is there someone we can thank for referring you to our congregation?**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

Return application to:

Temple Beth Shalom, Attention: Executive Director, 5089 Johnstown Road, New Albany, OH 43054  
Fax: (614) 855-4689 Email: [tbs@tbsohio.org](mailto:tbs@tbsohio.org)