



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

"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 MEMBERS?

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

YAHARZEITS/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.

MEMBER 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:

- | | |
|---|---|
| <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 Bonnie Abramowitz, our Executive Director at babramowitz@tbsohio.org or call the Temple Office at (614) 855-4882.

Sustaining Annual Support

Temple Beth Shalom opens its membership to anyone *whose heart so moves them* to express themselves Jewishly. As with most institutions, there is a financial component involved to maintain our operations. TBS relies heavily on the generosity of each family to help support our temple community, and we work hard each day to be good stewards of your generosity. Careful planning by our Board of Trustees and staff ensure your funds are used wisely.

Sustaining Annual Support (Membership Categories)	24-31 yrs	32 yrs +
Two Adult Household (TAH) (including children ages birth to 23 years old)	\$1,300	\$2,325
Single Adult Household (SAH) (including children ages birth to 23 years old)	\$825	\$1,925

***Note:** The amounts listed above might cause concern for some families. Temple Beth Shalom has an adjustment process in place which may be used by any member of the congregation.

Giving “Above & Beyond” the Sustaining Amount:

We have some families who are unable to pay our sustaining annual membership cost listed above. Simply put, we do not turn these families away, and we believe strongly in our membership being open to all. Your generosity enables these families to maintain their affiliation with our temple community. As an “Above & Beyond” giver, you are recognized as someone whose gift makes membership at TBS available to all.

Yes, I can be an above and beyond giver!

In addition to the sustaining amount listed above, I can additionally provide:

_____ \$175 _____ \$500 _____ \$1,000 _____ another amount of \$ _____

Friends of Temple Beth Shalom

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, this is the right category for you! Friends of TBS receive Temple mailings, yahrzeit notifications, and passes to High Holy Day services.

Standard Annual Support	24-31 Years	32+ years	Facility Fees (optional for out-of-town families)	Total
Friends of TBS	1/2 of the amount of the appropriate dues category	1/2 of the amount of the appropriate dues category	\$275	

BILLING PREFERENCES:

The Temple Beth Shalom fiscal year begins on July 1st and ends on June 30th. 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

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

\$ _____

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**
- I will send in my own check

Signature (Adult 1)

Signature (Adult 2)

Date of Application

Name

Name

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

Return application to:

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