

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 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

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.

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 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:

24-31 and/or Single Adult Membership 32+ and/or Two Adult Membership Friend of TBS

I would like to make an Above & Beyond contribution!

I can commit to one of the following levels, or make an additional contribution to my standard dues:

Kindle the Flame (\$3,000-\$4,999) **Sustain the Flame** (\$5,000-\$7,499)
 Eternal Light (\$7,500) **Another Amount:** \$ _____

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

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

Signature (Adult 1)

Signature (Adult 2)

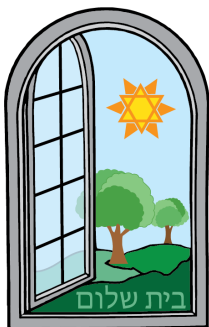
Date of Application

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



TEMPLE BETH SHALOM
JOYFUL · PERSONAL · ACCESSIBLE