

MEMBERSHIP APPLICATION 2025 - 2026 / 5786

TEMPLE BETH SHOLOM

MEMBERSHIP APPLICATION JULY 2025 - JUNE 2026 | 5785-5786

Thank you for becoming a member of Temple Beth Sholom. We welcome you into our TBS family. Please fill out the form

below and return it with your payment to the Templ	
MEMBERSHIP TYPE Please check the ONE box that mos	t applies to you.
How did you hear about us?	□Young Professional Family □Senior Single □Senior Family nity Event □Website/Online Search □Local Publication n □Previous Visitor/Member □Other:
ADULT MEMBER INFORMATION	
ADULT MEMBER 1: ☐ Male ☐ Female Salutation: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other	ADULT MEMBER 2: ☐ Male ☐ Female Salutation: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other
First Name and Middle Initial Nickname	First Name and Middle Initial Nickname
Last Name Date of Birth	Last Name Date of Birth
Street Address/Apartment No.	Street Address/Apartment No.
City, State, Zip	City, State, Zip
Home Phone Cell Phone Work Phon	Home Phone Cell Phone Work Phone
Email 1 Email 2	Email 1 Email 2
Occupation Name of Business	Occupation Name of Business
Business Street Address City, State, Zip	Business Street Address City, State, Zip
College/Graduate School	College/Graduate School
Hebrew Name ben/bat (son/daughter of)	Hebrew Name ben/bat (son/daughter of)
Father's Hebrew Name Mother's Hebrew Name	Father's Hebrew Name Mother's Hebrew Name
Raised: ☐ Orthodox ☐ Conservative ☐ Reconstructionis☐ Reform ☐ Non-Practicing ☐ Not Jewish If you converted to Judaism, please indicate the followin	☐ Reform ☐ Non-Practicing ☐ Not Jewish
Conversion Date City, State Rabbi's Name	Conversion Date City, State Rabbi's Name
Date you Moved to Las Vegas From City, State	Date you Moved to Las Vegas From City, State
Other Congregation Affiliation In City, State	Other Congregation Affiliation In City, State
Emergency Contact Name Emergency Contact Pho	ne Emergency Contact Name Emergency Contact Phone
Emergency Contact Email	Emergency Contact Email
Emergency Contact's Relationship to You Is this person a TBS member? Yes No	Emergency Contact's Relationship to You Is this person a TBS member? Yes No
Name of family or friends who are TBS members	Name of family or friends who are TBS members

Name of family or friends who are TBS members

Name of family or friends who are TBS members

CHILD MEMBER INFORMATION (FAMILY MEMBERSHIP ONLY) Children are welcome as part of a Family Membership until the age of 23. Children 24 or older should complete their own membership application.

CHILD MEMBER 1: ☐ Male ☐ Female	CHILD MEMBER 2:		CHILD MEMBER 3: Male Female First Name Last Name Date of Birth			
First Name						
Last Name						
Date of Birth						
Hebrew Name	Hebrew Name		Hebrew Name Grade in Sept. 2025			
Grade in Sept. 2025	Grade in Sept. 2025					
Name of School	Name of School If college, Graduation Date		Name of School			
If college, Graduation Date			If college, Graduation Date (Please call office for additional children.)			
YAHRZEIT INFORMATION						
FOR ADULT MEMBER 1:		FOR ADULT MEM	BER 2:			
Name of Deceased 1	ame of Deceased 1		Name of Deceased 1			
Relationship to You		Relationship to You				
Date of Death (English Calendar) After sunset:* ☐ Yes ☐ No		Date of Death (English Calendar) After sunset:* ☐Yes ☐ No				
Name of Deceased 2		Name of Deceased 2				
Relationship to You		Relationship to You				
Date of Death (English Calendar) After sunset:* ☐ Yes ☐ No *required for yahrzeit reminder		Date of Death (English Calendar) After sunset:* ☐Yes ☐ No *required for yahrzeit reminder				
(Please call office if you have more yahrzeits.)		(Please call office if you have more yahrzeits.)				
TYPES OF MEMBERSHIP						
Family Membership Dues Categories ar	e determined by the age	of the older spouse a	t the time of application.			
□SINGLE: Singles between 30 and 64 y	ears old without children	receive all members	hip privileges and one High Holy Days ticket.			
□ FAMILY: Married couples or two indion or single parents with children receives			ed relationship (with or without children), s tickets for two adults.			
☐ YOUNG PROFESSIONAL SINGLE: Sing ticket.	les between 20 and 29 ye	ears old. Receives all r	membership privileges and one High Holy Days			
	oly Days tickets for two a		ars) living in a partnered relationship receive nt with children receive all membership			
□SENIOR SINGLE: Singles (65+ years of		ship privileges and or	ne High Holy Days ticket.			
□ SENIOR FAMILY: Married couples or to privileges and High Holy Days tickets		years) living in a part	nered relationship, receive all membership			

TEMPLE BETH SHOLOM 2025-2026 MEMBERSHIP DUES

United Synagogue of America affiliation dues and Ticket(s) for Seating in the Member's Section for Rosh Hashanah and Yom Kippur are included. Membership Dues Categories are determined by the age of the older spouse/partner at the time of application.

Please check the category that applies to you.	\$ Dues per year	Building Fund Assessment (First Five Years)	Security)	Building Maintenance (After Five Years)	Total Annual (<i>First</i> Five Years)	Total Annual (<i>After</i> Five Years)
SINGLE: (ages 30-64 yrs.)	\$ 1,800 per year	\$ 405	\$ 275 per year	\$200	\$2,480	\$2,275
FAMILY: (ages 30-64 yrs.)	\$ 2,450 per year	\$ 500	\$ 275 per year	\$200	\$3,225	\$2,925
SENIOR SINGLE: (age 65+)	\$ 1,500 per year	\$ 350	\$ 275 per year	\$200	\$2,125	\$1,975
SENIOR FAMILY: (age 65+)	\$ 2,000 per year	\$ 420	\$ 275 per year	\$200	\$2,695	\$2,475
YOUNG PROFESSIONAL						
SINGLE: (ages 20-29 yrs.)	\$ 380 per year		\$ 275 per year	\$200	\$855	\$855
FAMILY: (ages 20-29 yrs.)	\$ 525 per year		\$ 275 per year	\$200	\$1000	\$1000

Please note that dues need to be paid in full or have an approved payment plan on file with the Temple office by September 15th. *Information is available from the Temple office regarding the costs for additional High Holy Day tickets*. The membership year runs from July 1 - June 30 of each year.

As part of your Temple Beth Sholom membership, High Holy Day tickets are provided at no additional cost for members of your immediate household. For example, a couple with three children under the age of 20 would receive five tickets. Once a child turns 20, they are no longer covered under a family membership and must establish their own. This benefit applies only to those living in your household and does not extend to in-laws or extended family. Please note that a small number of longstanding legacy arrangements will continue to be honored in recognition of prior commitments made during earlier stages of our community's growth.

If you are experiencing financial difficulties this year, please reach out to us. We are committed to ensuring that no one is denied membership due to an inability to pay. We offer dues reduction and payment plans to accommodate your needs. All financial information provided is strictly confidential. For more information or to request a Reduction Application, please contact the temple office at (702) 804-1333, ext. 100.

METHOD OF PAYMENT	
□ PAYMENT - In full; in the amount \$ □ Credit Card	
□ PARTIAL PAYMENT - In the amount \$ □ Credit Card	
FUTURE PAYMENTS - If you are not paying the full balance now, please Please bill me for the remaining balance. Please automatically charge: credit card (fill out cc section below) Monthly. Please indicate monthly dat All membership dues must be paid in full or have an approved payment place.	e to process
CREDIT CARD INFORMATION	
Credit Card Payments: You may pay by Visa, MasterCard or American Expre	ess through the office or online.
Credit Card Number	Expiration Date CCV
Credit Card Issued to Signat	ure
Applicant's Signature	Date
Applicant's Signature	Date

Were you recommended by another Temple member? If so, whom?