



MEMBERSHIP APPLICATION
2023 - 2024 / 5784

TEMPLE BETH SHOLOM

MEMBERSHIP APPLICATION JULY 2023 - JUNE 2024 | 5783-5784

Thank you for becoming a member of Temple Beth Shalom. We welcome you into our TBS family. Please fill out the form below and return it with your payment to the Temple office.

MEMBERSHIP TYPE Please check the ONE box that most applies to you.

- Single Family Young Professional Single Young Professional Family Senior Single Senior Family
 Married Partnered Divorced Widow Widower

ADULT MEMBER INFORMATION

ADULT MEMBER 1: Male Female

Salutation: Dr. Mr. Mrs. Ms. Other _____

First Name and Middle Initial _____ Nickname _____

Last Name _____ Date of Birth _____

Street Address/Apartment No. _____

City, State, Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email 1 _____ Email 2 _____

Occupation _____ Name of Business _____

Business Street Address _____ City, State, Zip _____

College/Graduate School _____

Hebrew Name ben/bat (son/daughter of) _____

Father's Hebrew Name _____ Mother's Hebrew Name _____

Raised: Orthodox Conservative Reconstructionist
 Reform Non-Practicing Not Jewish

If you converted to Judaism, please indicate the following:

Conversion Date _____ City, State _____ Rabbi's Name _____

Date you Moved to Las Vegas _____ From City, State _____

Other Congregation Affiliation _____ In City, State _____

Emergency Contact Name _____ Emergency Contact Phone _____

Emergency Contact Email _____

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 _____

ADULT MEMBER 2: Male Female

Salutation: Dr. Mr. Mrs. Ms. Other _____

First Name and Middle Initial _____ Nickname _____

Last Name _____ Date of Birth _____

Street Address/Apartment No. _____

City, State, Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email 1 _____ Email 2 _____

Occupation _____ Name of Business _____

Business Street Address _____ City, State, Zip _____

College/Graduate School _____

Hebrew Name ben/bat (son/daughter of) _____

Father's Hebrew Name _____ Mother's Hebrew Name _____

Raised: Orthodox Conservative Reconstructionist
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Emergency Contact Email _____

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 _____

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

First Name _____

Last Name _____

Date of Birth _____

Hebrew Name _____

Grade in Sept. 2023 _____

Name of School _____

If college, Graduation Date _____

CHILD MEMBER 2: Male Female

First Name _____

Last Name _____

Date of Birth _____

Hebrew Name _____

Grade in Sept. 2023 _____

Name of School _____

If college, Graduation Date _____

CHILD MEMBER 3: Male Female

First Name _____

Last Name _____

Date of Birth _____

Hebrew Name _____

Grade in Sept. 2023 _____

Name of School _____

If college, Graduation Date _____

(Please call office for additional children.)

Yahrzeit Information

FOR ADULT MEMBER 1:

Name of Deceased 1 _____

Relationship to You _____

Date of Death (English Calendar) After sunset:* Yes No

Name of Deceased 2 _____

Relationship to You _____

Date of Death (English Calendar) After sunset:* Yes No
*required for yahrzeit reminder

(Please call office if you have more yahrzeits.)

FOR ADULT MEMBER 2:

Name of Deceased 1 _____

Relationship to You _____

Date of Death (English Calendar) After sunset:* Yes No

Name of Deceased 2 _____

Relationship to You _____

Date of Death (English Calendar) After sunset:* Yes No
*required for yahrzeit reminder

(Please call office if you have more yahrzeits.)

Types of Membership

Family Membership Dues Categories are determined by the age of the older spouse at the time of application.

SINGLE: Singles between 30 and 64 years old without children receive all membership privileges and one High Holy Days ticket.

FAMILY: Married couples or two individuals (ages 30 - 64 years) living in a partnered relationship (with or without children), or single parents with children receive all membership privileges and High Holy Days tickets for two adults.

YOUNG PROFESSIONAL SINGLE: Singles between 20 and 29 years old. Receives all membership privileges and one High Holy Days ticket.

YOUNG PROFESSIONAL FAMILY: Married couples or two individuals (ages 20-29 years) living in a partnered relationship receive all membership privileges and High Holy Days tickets for two adults or a single parent with children receive all membership privileges and High Holy Days tickets for one adult.

SENIOR SINGLE: Singles (65+ years of age) receive all membership privileges and one High Holy Days ticket.

SENIOR FAMILY: Married couples or two individuals (ages 65+ years) living in a partnered relationship, receive all membership privileges and High Holy Days tickets for two adults.

TEMPLE BETH SHOLOM 2023-2024 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 (Payable over 5 years) | Security | *Building Maintenance | Number of HHD Tickets Included |
|--|-------------------|---|-----------------|-----------------------|--------------------------------|
| SINGLE: (ages 30-64 yrs.) | \$ 1,495 per year | \$ 2,025 | \$175 per year | \$150 | 1 |
| FAMILY: (ages 30-64 yrs.) | \$ 1,850 per year | \$ 2,500 | \$175 per year | \$150 | 2 |
| SENIOR SINGLE: (age 65+) | \$ 1,260 per year | \$ 1,750 | \$ 175 per year | \$150 | 1 |
| SENIOR FAMILY: (age 65+) | \$ 1,630 per year | \$ 2,100 | \$ 175 per year | \$150 | 2 |
| YOUNG PROFESSIONAL | | | | | |
| SINGLE: (ages 20-29 yrs.) | \$ 380 per year | | \$ 175 per year | \$150 | 1 |
| FAMILY: (ages 20-29 yrs.) | \$ 525 per year | | \$ 175 per year | \$150 | 2 |

*Payable only after Building Fund Assessment is paid in full

Please note that members are required to pay at least 1/2 of the Annual Membership Dues to receive courtesy seating in the member section for the High Holy Day services. 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.

If you are having financial difficulties this year, please do not hesitate to contact us to discuss dues or payment plans. No one will be denied membership due to the inability to pay. All financial information is confidential. For more information, contact Clayton Steinberg at (702) 804-1333, ext. 133.

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 indicate how you would like to pay the remaining balance:

Please bill me for the remaining balance.

Please **automatically** charge: credit card (fill out cc section below)

Monthly. Please indicate monthly date to process. _____

All membership dues must be paid in full no later than June 30, 2024. Membership dues are considered a tax-deductible donation and are not refundable.

CREDIT CARD INFORMATION

Credit Card Payments: You may pay by Visa, MasterCard or American Express through the office or online.

Credit Card Number _____ Expiration Date _____ CCV _____

Credit Card Issued to _____ Signature _____

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

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

