# MEMBERSHIP APPLICATION
# 2026 - 2027 / 5787

TEMPLE BETH SHOLOM

# MEMBERSHIP APPLICATION JULY 2026 - JUNE 2027 | 5786-5787

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 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

- **How did you hear about us?**

❑Friend/Family Referral ❑Social Media ❑Community Event ❑Website/Online Search ❑Local Publication
❑ Word of Mouth ❑Other Community Organization ❑Previous Visitor/Member ❑Other: _____

## 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
❑ 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 _____

## 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. 2025

Name of School

If college, Graduation Date

**CHILD MEMBER 2:** ❑ Male ❑ Female

First Name

Last Name

Date of Birth

Hebrew Name

Grade in Sept. 2025

Name of School

If college, Graduation Date

**CHILD MEMBER 3:** ❑ Male ❑ Female

First Name

Last Name

Date of Birth

Hebrew Name

Grade in Sept. 2025

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 2026-2027 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 (*First* Five Years) | Total Annual (*After* Five Years) |
|---|---|---|---|---|---|---|
| **SINGLE:** (ages 30-64 yrs.) | $ 1,800 per year | $ 405 | $ 325 per year | $200 | $2,530 | $2,325 |
| **FAMILY:** (ages 30-64 yrs.) | $ 2,450 per year | $ 500 | $ 325 per year | $200 | $3,275 | $2,975 |
| **SENIOR SINGLE:** (age 65+) | $ 1,500 per year | $ 350 | $ 325 per year | $200 | $2,175 | $2,025 |
| **SENIOR FAMILY:** (age 65+) | $ 2,000 per year | $ 420 | $ 325 per year | $200 | $2,745 | $2,525 |
| **YOUNG PROFESSIONAL** | | | | | | |
| **SINGLE:** (ages 20-29 yrs.) | $ 380 per year | | $ 325 per year | $200 | $905 | $905 |
| **FAMILY:** (ages 20-29 yrs.) | $ 525 per year | | $ 325 per year | $200 | $1050 | $1050 |

Please note that dues need to be paid in full or have an approved payment plan on file with the Temple office by September 8th. *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 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 or have an approved payment plan by September 1st.** 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? _____