



**MEMBERSHIP APPLICATION  
2022 - 2023 / 5783**

**TEMPLE BETH SHOLOM**

# MEMBERSHIP APPLICATION JULY 2022 - JUNE 2023 | 5782-5783

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  
 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. 2022 \_\_\_\_\_

Name of School \_\_\_\_\_

If college, Graduation Date \_\_\_\_\_

**CHILD MEMBER 2:**  Male  Female

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Grade in Sept. 2022 \_\_\_\_\_

Name of School \_\_\_\_\_

If college, Graduation Date \_\_\_\_\_

**CHILD MEMBER 3:**  Male  Female

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Grade in Sept. 2022 \_\_\_\_\_

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 2022-2023 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
<b>SINGLE:</b> (ages 30-64 yrs.)	\$ 1,495 per year	\$ 2,025	\$175 per year	\$150	1
<b>FAMILY:</b> (ages 30-64 yrs.)	\$ 1,850 per year	\$ 2,500	\$175 per year	\$150	2
<b>SENIOR SINGLE:</b> (age 65+)	\$ 1,260 per year	\$ 1,750	\$ 175 per year	\$150	1
<b>SENIOR FAMILY:</b> (age 65+)	\$ 1,630 per year	\$ 2,100	\$ 175 per year	\$150	2
<b>YOUNG PROFESSIONAL</b>					
<b>SINGLE:</b> (ages 20-29 yrs.)	\$ 380 per year		\$ 175 per year	\$150	1
<b>FAMILY:</b> (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, 2023.** 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? \_\_\_\_\_

