

# APPLICATION FOR MEMBERSHIP

## *Beth Sholom Synagogue*

6675 Humphreys Boulevard  
Memphis, TN 38120  
Telephone (901) 683-3591  
Fax (901) 683-3592  
[www.bsholom.org](http://www.bsholom.org)



## Membership Agreement

Thank you for your interest in joining Beth Sholom Synagogue. We are an inclusive, egalitarian Conservative congregation, established in 1955. Beth Sholom is a 501C-3 not for profit institution that is supported by the dues of its members, contributions, fundraisers and a building fund. We look forward to your involvement in synagogue life as well as your financial support.

<b>Membership Levels:</b>	<b>Annual Dues:</b>
General Membership (Two Jewish Adults with our without dependent Children)	\$1,600.00
Single Family Membership (Individual Jewish adult with dependent children)	\$1,200.00
Individual Membership (Individual Jewish adult)	\$ 800.00
Young Adult Membership(Individual Jewish Adult born prior to 1979)	\$ 360.00
Associate Membership (Primary at another dues dependent synagogue)	\$ 450.00
Name of synagogue at which you maintain a full membership: _____	

<b>Building Fund Assessment</b>	<b>5 Year Pledge:</b>
General Membership	\$3,600.00
Single Family Membership	\$2,700.00
Individual Membership	\$1,800.00
Young Adult Membership	\$ 600.00
Associate Membership	N/A

Dues are billed monthly over a 10 month period beginning January 1<sup>st</sup>. We welcome pre-payment of dues in full, or you may choose to be billed on quarterly basis. Dues for an incomplete year are pro-rated at the beginning of membership. Dues are considered current on a quarterly basis, and a minimum of three quarters of total dues must be paid at least one week prior to the High Holidays. Members in need of financial assistance may request an Application for Dues Reduction from Barbara Newman, Executive Director: 683-3591 X 209 or barbara@bsholom.org

I hereby apply for membership to Beth Sholom Synagogue and promise to abide by its Constitution, By-Laws and Policies. I agree to pay all financial obligations to Beth Sholom Synagogue in full, including but not limited to annual dues, building fund assessments, future pledges, tuition and fees, and program charges. Upon termination of membership for any reason, I agree to pay all outstanding financial obligations from prior years and a pro-rated amount of current year dues through the effective date of membership termination.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## CHILDREN'S INFORMATION

Child Name: \_\_\_\_\_  
(First) (Middle) (Last)

Hebrew Name: \_\_\_\_\_ Kohen/Levi/Israelite: \_\_\_\_\_

Gender: M / F Birthdate: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Conversion Date: \_\_\_\_\_ Conversion Synagogue & Rabbi: \_\_\_\_\_

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Child Name: \_\_\_\_\_  
(First) (Middle) (Last)

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Mobile Phone Number: \_\_\_\_\_

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