

**2011
APPLICATION AND CONTRACT
FOR
MEMBERSHIP**

6675 Humphreys Boulevard
Memphis, TN 38120
Telephone (901) 683-3591
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www.bsholom.org



Membership Contract

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.

Membership Levels:	Annual Dues:
General Membership (Two Jewish Adults with or without dependent Children)	\$1,800.00
Single Family Membership (Individual Jewish adult with dependent children)	\$1,350.00
Individual Membership (Individual Jewish adult)	\$ 900.00
Young Adult Membership(Individual Jewish Adult (born after 1981)	\$ 400.00
Associate Membership (Primary at another dues dependent synagogue)	\$ 450.00
Name of synagogue at which you maintain a full membership: _____	

Building Fund Assessment	5 Year Pledge:
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 1st. 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.

Future member financial obligations to the Synagogue will cease when a member tenders his or her membership resignation in writing. All prior Synagogue obligations accrued up to that date will be immediately due.

Name: _____

Signature: _____ Date: _____

MEMBER INFORMATION

Type of Membership: Please circle one:

General

Single Family

Individual

Young Adult

Associate

1st Member Name: _____
(Title) (First) (Middle) (Last)

Hebrew Name: _____ Kohen/Levi/Israelite: _____

Gender: M / F Birthdate: _____ Email Address: _____

Occupation: _____ Work Address: _____

Work Phone: _____ Mobile Phone Number: _____

Conversion Date: _____ Conversion Synagogue & Rabbi: _____

2nd Member Name: _____
(Title) (First) (Middle) (Last)

Gender: M / F Birthdate: _____ Email Address: _____

Occupation: _____ Work Address: _____

Work Phone: _____ Mobile Phone Number: _____

Hebrew Name: _____ Kohen/Levi/Israelite: _____

Conversion Date: _____ Conversion Synagogue & Rabbi: _____

Home Address: _____

City/State/Zip: _____

Home Phone Number: _____

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: _____

Child Name: _____
(First) (Middle) (Last)

Hebrew Name: _____ Kohen/Levi/Israelite: _____

Gender: M / F Birthdate: _____ Email Address: _____

Mobile Phone Number: _____

Conversion Date: _____ Conversion Synagogue & Rabbi: _____

Child Name: _____
(First) (Middle) (Last)

Hebrew Name: _____ Kohen/Levi/Israelite: _____

Gender: M / F Birthdate: _____ Email Address: _____

Mobile Phone Number: _____

Conversion Date: _____ Conversion Synagogue & Rabbi: _____

Child Name: _____
(First) (Middle) (Last)

Hebrew Name: _____ Kohen/Levi/Israelite: _____

Gender: M / F Birthdate: _____ Email Address: _____

Mobile Phone Number: _____

Conversion Date: _____ Conversion Synagogue & Rabbi: _____

Yahrzeit Information
Please List Your Loved Ones

English Name Hebrew Name Family Relationship Date of Death (before/after sundown)

Please let us know if you are interested in participating in any of the following areas of synagogue life:

- | | |
|------------------------------|----------------------------|
| Adult Education | Interested Member(s) _____ |
| Torah/Haftarah Chanting | Interested Member(s) _____ |
| Minyan/Service Participation | Interested Member(s) _____ |
| Tikkun Olam | Interested Member(s) _____ |
| Chevrah Kadisha | Interested Member(s) _____ |
| Choir | Interested Member(s) _____ |
| Fundraising | Interested Member(s) _____ |
| Programming Development | Interested Member(s) _____ |
| Youth Groups | Interested Member(s) _____ |
| Sisterhood | Interested Member(s) _____ |
| Men's Club | Interested Member(s) _____ |