



**Temple Rodef Shalom**

2100 Westmoreland Street  
Falls Church, Virginia 22043

Tel: (703) 532-2217 Fax: (703) 536-0754  
Web: www.templerodefshalom.org

OFFICE USE ONLY!  
ID# \_\_\_\_\_

**Membership Application**

Welcome! We are very pleased that you have chosen to become a member of Temple Rodef Shalom,  
a *Kehilla Kedosha*, sacred community.

Completing this application will help us get to know you and your family.

**FAMILY MEMBERSHIP INFORMATION – ADULT #1**

**FAMILY MEMBERSHIP INFORMATION – ADULT # 2**

Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_

Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_

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

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

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

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

Birthdate (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Birthdate (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Adult #1 Email \_\_\_\_\_

Adult # 2 Email \_\_\_\_\_

Adult #1 Cell Phone \_\_\_\_\_

Adult # 2 Cell Phone \_\_\_\_\_

Jewish  Non-Jewish

Jewish  Non-Jewish

\*\*\*\*\*

Married – Anniversary Date \_\_\_\_\_  Divorced  Single  Widowed

Engaged -- Wedding Date \_\_\_\_\_  Separated  Partnered

**HOME INFORMATION**

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone #1 \_\_\_\_\_ Home Fax \_\_\_\_\_

Home Phone #2 \_\_\_\_\_

**SEASONAL ADDRESS INFORMATION** (Please send mail to this address (day/month) from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_)

**BUSINESS INFORMATION — ADULT # 1**

Position/Title \_\_\_\_\_

Employer \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

**BUSINESS INFORMATION — ADULT # 2**

Position/Title \_\_\_\_\_

Employer \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_



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**CHILDREN**

Name	Birthdate	Gender	Grade	School	Hebrew Name	Email Address
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**RELATIVES** (Please list relative or friends who are affiliated with Temple Rodef Shalom)

\_\_\_\_\_/\_\_\_\_\_  
Name Relationship

\_\_\_\_\_/\_\_\_\_\_  
Name Relationship

\_\_\_\_\_/\_\_\_\_\_  
Name Relationship

\_\_\_\_\_/\_\_\_\_\_  
Name Relationship

**PREVIOUS SYNAGOGUE AFFILIATION**

Name and location of congregation \_\_\_\_\_  
Dates of Membership \_\_\_\_\_

**I/WE CAME TO TEMPLE RODEF SHALOM BECAUSE** (Check all that apply)

Referred by: \_\_\_\_\_

- Worship Services
- Special Programs/Activities
- Temple Religious School
- Temple Clergy Team
- Other \_\_\_\_\_

**SPECIAL NEEDS**

If you have any special needs we can accommodate, please let us know (hearing devices, large print prayer books, signing, wheelchair, etc.)

**MAKING A CONNECTION—BECOMING PART OF THE TEMPLE FAMILY**

We encourage all members of the congregation to take an active role in the life of the Temple. We would like you to share with us the areas of special interest in which you would like to be involved, check all that apply. Refer to our website for more detail about each opportunity.

- Adult Education
- Renaissance Club (50s & 60s Group)
- Brotherhood
- Rosh Chodesh (Women’s Group)
- Caring Committee
- Sisterhood
- Chaverim ( Single Parent Family Group)
- Social Action
- Fund for the Community
- Tappers (Temple Activities for Parents & Preschoolers)
- Keshet (Gay & Lesbian Affinity Group)
- TRS Biz Net
- Outreach
- Vatikim (70+ Group)
- Religious School
- Youth Groups
- Other \_\_\_\_\_

Please list any special skills you would like to share with us: \_\_\_\_\_

I/We would like to be contacted regarding volunteer opportunities at the Temple:  Yes  No

**Community Involvement**

Please list any community activities, volunteer work or related experience you have had in the past four years:

\_\_\_\_\_



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**Yahrzeit** (for immediate family members)

Name	Relationship/Adult # 1 or 2	Date of Death	Please choose a Secular (S) or Jewish (J) Calendar Date
_____	_____	___/___/_____	_____
_____	_____	___/___/_____	_____
_____	_____	___/___/_____	_____
_____	_____	___/___/_____	_____
_____	_____	___/___/_____	_____
_____	_____	___/___/_____	_____

**EXTENDED IMMEDIATE FAMILY** (Please let us know about your grown children and grandchildren, if appropriate)

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Their children's names and ages \_\_\_\_\_

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Their children's names and ages \_\_\_\_\_

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Eve. Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Eve. Phone \_\_\_\_\_



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### DUES PAYMENT INFORMATION

I / We hereby make application for membership in Temple Rodef Shalom and agree to abide by its Constitution and By-Laws, and such regulations as authorized by the Board of Directors now in effect and those hereafter adopted for the conduct and support of the Congregation.

My household's annual Fair Share Assessment will be \$ \_\_\_\_\_, of which \$ \_\_\_\_\_ is enclosed for the current quarter.

My Building Fund contribution will be ( \$5,000 — Family or \$2,000 — Single) \$ \_\_\_\_\_, of which (\$125.00 — Family or \$50 — Single) \$ \_\_\_\_\_ is enclosed for the current quarter.

I am enclosing \$ \_\_\_\_\_ for Religious School registration

Other Contributions (please specify) \$ \_\_\_\_\_

Total Enclosed \$ \_\_\_\_\_

Signatures:

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Please print names:

\_\_\_\_\_

### TRS Dues Schedule

Estimated Gross Annual Income (all sources)	Dues at 2% of Income
** \$50,000	
\$50,000-100,000	\$1,000-\$2,000
\$100,000-\$150,000	\$2,000-\$3,000
\$150,000-\$200,000	\$3,000-\$4,000
\$200,000-\$250,000	\$4,000-\$5,000
\$250,000-\$300,000	\$5,000-\$6,000
\$350,000-400,000	\$6,000-\$8,000
\$400,000-\$500,000	\$8,000-\$10,000

Membership Dues do not include the Building Fund contribution payable over the first 10 years of membership.

Building Fund Contribution:

Family- \$500 per year over 10 years

Single- \$200 per year over 10 years

\*\* Members earning less than \$50,000 per year, or those under 30, should contact the Executive Director for special financial arrangements.

A member of:

