

Membership Application

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

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

INDIVIDUAL INFORMATION - ADULT #1	FAMILY INFORMATION - ADULT # 2				
Mr. Mrs. Ms. Dr. Other	Mr. Mrs. Ms. Dr. Other				
First Name:	First Name:				
Nickname (if applicable):	Nickname (if applicable):Last Name:				
Last Name:					
Birthdate (mm/dd/yyyy): / / /	Birthdate (mm/dd/yyyy): /// Adult # 2 Email:				
Adult #1 Email:					
Adult #1 Cell Phone:	Adult # 2 Cell Phone:				
Jewish Non-Jewish	Jewish Non-Jewish				
Hebrew Name (if applicable):	Hebrew Name (if applicable):				
RELATIONSHIPS Married – Anniversary Date / / Engaged Wedding Date / /	Divorced Single Widowed Separated Partnered				
HOME INFORMATION					
Street Address					
	Zip				
Home Phone					
	d mail to this address (day/month) fromto)				
Street Address					
City State	Zip				
Home Phone					
BUSINESS INFORMATION — ADULT # 1	BUSINESS INFORMATION — ADULT # 2				
Position/Title	Position/Title				
Employer	Employer				
Street Address	Street Address				
CityZip	City State Zip				
Phone	Phone				

CHILDREN aged 25 and	l under (includ	led in all mer	mber benefits)		
Name	Birthdate Ge			Hebrew Name	Email Address
			_		
CHILDREN aged 26 and	l older				
Name	Birthdate	e Gende	er Hebrew Nar	me Email Add	ress
RELATIVES (Please list	relatives or fr	iends who aı	e affiliated with	Temple Rodef Sha	alom)
Name	Relations	ship	Name		Relationship
Name	Relations	ship	Name	·	 Relationship
PREVIOUS SYNAGOGU	JE AFFILIATI	ON			
Name of Congregation _			Date of M	lembership	
Location of Congregation	n (City, State)		Did you re	esign as a member	in good standing?
Your reason for joining T	RS at this tim	e:	Early Childhoo	od Center	Religious School
Seeking Jewish (Community/So	ocial	Spiritual Conn	ections/Clergy	
Lifecycle Event (Specify:) Oth	er:	
YAHRZEITS (for immedi	iate family me	mhers: snou	ses narents si	ihlings and childre	n)
TATITUE (TOT ITTITITION	ato farmiy mo	твого. ороц	ooo, paronto, oi	iomigo, and ormaro	Type if Secular (S) or
		Relationship/Adult #1 or 2 [Jewish (J) Calendar Date
		-			
EMERGENCY CONTAC	T INFORMAT	ION .			
			Relationsh	nin	
Email address					

As a member, you will share in building our sacred community with access to all the wonderful things that make Temple Rodef Shalom special including:

- an amazing clergy team who provide spiritual and pastoral services every day of the year;
- robust educational programs and classes for adults and children;
- a highly regarded Early Childhood Center, Religious School and Camp Rodef Shalom;
- meaningful social action projects, lively cultural events and youth activities;
- a caring community and a beautiful facility, ready to welcome all!

Temple Rodef Shalom does not have fixed dues; Members give their *fair share* to support the community

Your annual financial contribution to TRS is comprised of:

\$3,600

- A "Fair Share" Membership Contribution (2% of gross annual income from all sources);
- A Facility Maintenance Fund Contribution (funds for facility upkeep; \$500/year for two-adult households and \$200/year for one-adult households, for the first 10 years of membership);
- A Security Fee (this fee offsets increased security costs due to our changing security climate; \$360/year for two-adult households and \$180/year for one-adult households).

\$360

For example, a two-adult household with an annual gross income of \$180,000 would give:

\$500

Annual Membership		Annual Facility	Annual Security	Total Annual
	nmitment	Maintenance Fund	Fee	Contribution
(Sustai	ning amount)	Contribution		
verification; we do ask	that everyone o	contributes what they	cial reasons, nor do we as are able to. <i>Please reach c</i> ay their annual contribution	
Please fill out the wor	ksheet below:			
\$	_ +\$	+\$_		= \$
Annual Membership Commitment	Fund (\$500 for tw	*	Annual Security Fee 360 for two-adult households 180 for one-adult households	Total Annual Contribution
Purposes of the Cong	gregation as out	llined in the TRS By-l	Laws and agree to abide	alom. I/We subscribe to The by the Code of Ethics now in as authorized by the Executive
Signature Pleas		Please print	your name	 Date
Signature		 Please print	your name	 Date