



Temple Beth Shalom
 1109 NE 8th Avenue, Ocala, FL 34470
 352-629-3587/351-2207



MEMBERSHIP APPLICATION 2009

ADULT DATA				
	ADULT 1		ADULT 2	
LAST NAME				
FIRST NAME, MIDDLE INITIAL				
TITLE/SALUTATION				
HEBREW NAME				
PRIMARY ADDRESS				
CITY, STATE ZIP				
HOME PHONE NUMBERS				
SECONDARY ADDRESS (If Applicable)				
BUSINESS PHONE				
EMERGENCY CONTACT AND PHONE NUMBER				
E-MAIL ADDRESS				
BIRTHDAY				
BIRTH TIME	DAY	EVE	DAY	EVE
ANNIVERSARY				
TRIBE	KOHEN	LEVITE	ISRAEL	KOHEN LEVITE ISRAEL
ALIYAH (Would you like one?)	YES	NO	YES	NO
WISH TO ASSIST IN SERVICE	YES	NO	YES	NO
NON-JEWISH	YES	NO	YES	NO



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CHILDREN'S DATA				
	CHILD 1	CHILD 2	CHILD 3	CHILD 4
LAST NAME				
FIRST NAME, MI				
HEBREW NAME				
GENDER	MALE FEMALE	MALE FEMALE	MALE FEMALE	MALE FEMALE
BIRTHDAY				
BIRTH TIME	DAY EVE	DAY EVE	DAY EVE	DAY EVE
PHONE				
E-MAIL ADDRESS				
BAR/BAT MITZVAH DATE				
REL. SCHOOL (Enrolled?)	YES NO	YES NO	YES NO	YES NO
HEBREW LEVEL				
PUBLIC SCHOOL GRADE				
EMERGENCY CONTACT				
EMERGENCY PHONE NO.				
ADDRESS (If not living at home)				
TEMPLE ACTIVITY INTERESTS				



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Yahrzeit				
	1	2	3	4
YOUR NAME				
DECEASED'S LAST NAME				
DECEASED'S FIRST NAME, MI				
DECEASED'S HEBREW NAME				
GENDER	MALE FEMALE	MALE FEMALE	MALE FEMALE	MALE FEMALE
HOW RELATED TO YOU?				
DATE OF PASSING				
TIME OF DAY	DAY EVE	DAY EVE	DAY EVE	DAY EVE
OBSERVANCE DATE (Jewish/Gregorian)	JEWISH GREG.	JEWISH GREG.	JEWISH GREG.	JEWISH GREG.
MEMORIAL PLAQUE	YES NO	YES NO	YES NO	YES NO



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ADDITIONAL INFO				
	ADULT 1		ADULT 2	
PREVIOUS TEMPLE				
CITY, STATE				
READ HEBREW/YIDDISH	HEBREW	YIDDISH	HEBREW	YIDDISH
SPEAK HEBREW/YIDDISH	HEBREW	YIDDISH	HEBREW	YIDDISH
CEMETERY PLOT INTEREST	YES	NO	YES	NO
PERPETUAL CARE INTEREST	YES	NO	YES	NO
OCCUPATION				
DATE OF CONVERSION (If Applicable)				

Please, indicate special talents, skills, or expertise valuable to the Temple:



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INVOLVEMENT INFORMATION

We are always interested in involving our members in the life and activities of the Congregation. Please circle "YES" on any area that may be of interest to you.

	ADULT 1	ADULT 2
ADULT EDUCATION	YES	YES
MEMBERSHIP	YES	YES
ENDOWMENT	YES	YES
RELIGIOUS SCHOOL	YES	YES
FUND RAISING	YES	YES
YOUTH GROUP (OCAFTY)	YES	YES
SISTERHOOD	YES	YES
CHOIR/MUSIC	YES	YES
CEMETERY	YES	YES
HIGH HOLIDAYS	YES	YES
LONG RANGE PLANNING	YES	YES
SOCIAL EVENTS	YES	YES
FINANCE	YES	YES
DESIGN	YES	YES

Please, indicate other areas in which you would like to work or see us getting involved:



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DUES 2009

Please note these are minimum fees. Individuals who wish, or are able, to pay more are encouraged to do so.

MEMBERSHIP TYPE	UNDER 65	65 OR OVER
FAMILY	770	535
SINGLE	427	309
SINGLE FAMILY	535	-----

Building Fund for New Members is the equivalent of One Year's dues payable **within 36 months** of joining.

Please, make arrangements with the Treasurer as to your payment method. We accept, cash, check, and credit cards.

I (We) hereby apply for membership to Temple Beth Shalom and agree to abide by the By Laws which are available on request:

Signature of the Applicant(s) _____ Date _____

_____ Date _____