

Membership Application
2011-2012

TEMPLE BETH SHALOM

740 North Broadway
Hastings-on-Hudson, NY 10706
Website: www.tbshastings.org
Phone: (914) 478-3833
Fax: (914) 478-2724
Email: info@tbshastings.org

I (we) apply for membership in Temple Beth Shalom, and agree to pay the annual dues and building pledge as approved by the Board of Trustees.

Membership Category I (we) apply for:

FAMILY ____ INDIVIDUAL ____ SENIOR ____ JUNIOR ____

Last Name _____ First Name _____

Email _____ Occupation _____

Home Phone _____ Cell Phone _____

Last Name _____ First Name _____

Email _____ Occupation _____

Home Phone _____ Cell Phone _____

Address _____

City, State, Zip _____

Children's Names	Date of Birth	School and Grade
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Special Interests You Would Be Willing To Share with the Temple _____

_____ I give my consent to participate in photographs and/or digital images of me for printed or electronic publications, websites, or other electronic communications used by Temple Beth Shalom.

_____ I give my consent for my child(ren) to participate in photographs and/or digital images for printed or electronic publications, websites, or other electronic communications used by Temple Beth Shalom.

Signature(s) _____ Date _____

_____ Date _____

YOM KIPPUR MEMORIAL BOOKLET

(For distribution at Yizkor Memorial Service)

Form must be returned by SEPTEMBER 1st for inclusion in the booklet.

(All names printed in last year's booklet will be repeated in every succeeding booklet.)

YOUR NAME _____

Name of Relative, their relationship to you, date of death (please print)

1. _____

2. _____

3. _____

4. _____

YOUR NAME _____

Name of Relative, their relationship to you, date of death (please print)

1. _____

2. _____

3. _____

4. _____

YIZKOR CONTRIBUTION ENCLOSED: _____

contribution: \$18.00 per name

Suggested

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Yahrzeits

Name	Relationship to Member	Date of Death Day/Month/Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature(s) _____ Date _____

_____ Date _____

Would you like the Hebrew Date or the English Date observed?

Hebrew ___ English ___

TEMPLE BETH SHALOM
MEMORIAL WALL PLAQUE ORDER FORM

Please print carefully in upper case block letters. Show periods and spaces.

PLAQUE #1

NAME OF DECEASED

Year of Birth - Year of Death _____ - _____

Donor's Name and Relationship to Deceased. (Please fill this in exactly as you would like your memorial plaque to read):

PLAQUE #2

NAME OF DECEASED

Year of Birth - Year of Death _____ - _____

Donor's Name and Relationship to Deceased. (Please fill this in exactly as you would like your memorial plaque to read):

PLAQUE #3

NAME OF DECEASED

Year of Birth - Year of Death _____ - _____

Donor's Name and Relationship to Deceased. (Please fill this in exactly as you would like your memorial plaque to read):

Number of Plaques _____ x \$350. = \$ _____

Please return this form with a check payable to:

Temple Beth Shalom
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Religious School Registration
Kindergarten – 7th Grade
2011-2012

Student's Name _____ Nickname _____ M / F
(circle one)

Hebrew Name _____ Birthdate _____

Grade _____ Name of Current School _____

Home Address _____

Student's email _____

Parent's Name _____

Home Phone _____ Email Address _____

Work Phone _____ Cell Phone _____

Home Address (if different than student's)

Parent's Name _____

Home Phone _____ Email address _____

Work Phone _____ Cell Phone _____

Home Address (if different than student's)

Status of Parents: Married ___ Divorced ___ Widowed ___ Other _____

(If Applicable) Additional Parent/Guardian Name _____ Phone: _____

Home Address (if different than student's)

Names and Birthdates of Siblings: _____

Please let us know if you are interested in volunteering as a Religious School Class Parent, participating in Tzedakah activities, or any other programs that may interest you: _____

Student Information

Please list any previous Religious School experiences _____

Has your child been evaluated and/or currently receiving services for special needs?

Are there health issues, allergies, or concerns that might affect your child's participation at Religious School?

Arrival/Dismissal

In order to best supervise our students, please check the expected arrangements for your child's Religious School arrival and dismissal:

_____ By Car / Carpool

_____ Permission to walk unaccompanied by adult

_____ Other: _____

Please make sure your child is aware of their drop-off, pick-up and carpool arrangements, and always call the Temple Office if your child needs to be informed of a change in plans. Thank you.

If there is anything else that you think would be helpful or important for us to know about your child, please feel free to use this form or attach any additional comments or concerns:

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- Adult Education Registration
- Volunteer Information

Please complete and mail to the Temple Office:

Name _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

COURSES YOU PLAN TO TAKE:

___ **I. Hebrew Classes**

- ___ A. Beginning
- ___ B. Prayers and Ceremonies
- ___ C. Introduction to Biblical Hebrew
- ___ D. Conversational Hebrew

___ **II. Sunday Morning Adult Education**

- ___ A. Rabbi's Discussion Group
- ___ B. Book Discussion Group

___ **III. History Classes**

- ___ A. Texts of Jewish History
- ___ B. Judaism in a Very Secular Age

___ **IV. Introduction to Judaism**

___ **V. Shabbat Morning Torah Study**

Tzedakah Volunteers:

- ___ Please contact me about Tzedakah Programs
- ___ I am interested in helping prepare food for the Sharing Community

Program Volunteers -- Please contact me about:

- ___ Helping at the Chanukah Book & Craft Fair
- ___ Ushering
- ___ Helping in the Library
- ___ Hosting an Oneg Shabbat
- ___ Religious School Class Parent
- ___ Other: _____