



Temple Beth Shalom Membership Application

For Office Use Only:

Received _____

Entered _____

Category _____

Source _____

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

FIRST ADULT

Name _____ Birth Date _____

Street Address _____

City _____ State _____ Zip Code _____

E-mail _____

Employer/Occupation _____

Phone: Work _____ Home _____ Cell _____

Hebrew Name (if known and/or applicable) _____

Skills/Services you could share with Congregation _____

SECOND ADULT

Name _____ Birth Date _____

Street Address _____

City _____ State _____ Zip Code _____

E-mail _____

Employer/Occupation _____

Phone: Work _____ Home _____ Cell _____

Hebrew Name (if known and/or applicable) _____

Skills/Services you could share with Congregation _____

CHILDREN

Name	Birth Date	Age	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CIRCLE ANY OF THE FOLLOWING AREAS OF INTEREST THAT APPLY TO YOUR FAMILY: (OPTIONAL)

Early Childhood/Nursery School

College Student Programs

Music/Choir

Family Programs

Religious School

Volunteer Opportunities at the Temple

Teen Life

Adult Programs

Tzedakah/Social Action

Senior Programs

Signature _____ **Date** _____



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 _____ - _____

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 _____

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 _____

Please fill this in exactly as you would like your memorial plaque to read

Number of Plaques _____ x \$350.00 = \$ _____

For online payment options, please visit tbshastings.org or return this form with a check payable to:

Temple Beth Shalom
740 North Broadway
Hastings-on-Hudson, NY 10706





Temple Beth Shalom Yom Kippur Memorial Booklet

(FOR DISTRIBUTION AT YIZKOR MEMORIAL SERVICE)

FORM MUST BE RETURNED BY AUGUST 30TH 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: _____
(Suggested contribution: \$18.00 per name)





Temple Beth Shalom Yahrzeits Form

Name	Relationship to Member	Date of Death (Day/Month/Year)
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Signature(s)	Date
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	Date
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Would you like the Hebrew Date or the English Date observed?

Hebrew _____ English _____

