

Temple Shalom

Membership Application

5 Ayrmont Lane, Aberdeen NJ 07747
 732-566-2621
 email: shalom@templeshalomnj.org
 www.templeshalomnj.org

Temple Shalom



Torah, Worship, Loving Deeds

Date _____

Please print all information

Family Name _____ Home Phone _____

Street Address _____

City _____ State _____ Zip _____

Marital Status _____ Anniversary Date _____

Please note, if you do not want your name & address listed in Temple Membership Directory, please check here

1st Adult Member

Name _____ Hebrew Name _____

Gender _____ Birth Date _____ Home E-mail _____

Occupation _____ Business Name _____

Business Address _____

City _____ State _____ Zip _____

Business Phone _____ Cell Phone _____ Business E-Mail _____

2nd Adult Member

Name _____ Hebrew Name _____

Gender _____ Birth Date _____ Home E-mail _____

Occupation _____ Business Name _____

Business Address _____

City _____ State _____ Zip _____

Business Phone _____ Cell Phone _____ Business E-mail _____

Child's Name	Hebrew Name	M/F	Birth Date	Present Grade	Years child has attended Religious School

If you need space for additional adults &/or children in the household, please feel free to attach an additional page. Please refer to our Religious School Handbook regarding educational policies.

Please provide any information about your family that you feel it would be helpful for us to know:

Temple Shalom has numerous membership categories to open our gateways to you. Membership becomes active after remittance of \$180 which will be applied to your Building Fund Fee. This fee does not apply to senior members. More information about fees can be obtained from the Temple Shalom office by calling 732-566-2621 or emailing shalom@templeshalomnj.org. Payments may be made online by clicking on the payment button on our website (www.templeshalomnj.org).

Yahrzeits

Name	Relationship	Date of Death

Under which date do you prefer notification? (Please check one) English Hebrew
 If you are interested in a permanent memorial plaque, please contact the temple office for details.

Previous Temple Affiliations (if any)

Name of Temple	City, State	Years attended

We are always interested in engaging our members in the life and events of our community.
 Please check the areas of engagement that interests you (check all that apply):

	1st adult	2nd adult		1st adult	2nd adult
Administration			Membership Engagement Committee		
Adult B'nai Mitzvah Class			Publicity		
Adult Jewish Growth			Renaissance Group		
Brotherhood			Women of Temple Shalom		
Budget & Finance			Social Action Committee		
Caring Committee			Ways and Means Committee		
Choir			Worship Committee		
Facilities Committee			Youth Committee		
Library Committee					

I (We) hereby apply for membership in Temple Shalom. I (We) acknowledge that I am (we are) responsible for appropriate fees as specified on the current dues & fees schedule. If I (we) choose to resign this membership, we understand that the Temple Office must be notified in writing and I (we) will be responsible for all financial obligations accrued prior to resignation.

Please check one:

_____ Enclosed is a check payable to Temple Shalom in the amount of \$180, which will be applied to my Building Fund.

_____ I have paid this fee online on the Temple Shalom website.

This application fee does not apply to Senior Members.

1st Adult _____

Date _____

2nd Adult _____

Date _____

Welcome to Temple Shalom!