



## Application for Membership 2025-2026

32605 Temecula Pkwy, Ste. 102  
Temecula, CA 92592  
951.679.0419

I/We hereby apply for membership in Temple Beth Sholom.

Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ If married, anniversary date: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Full Name of Spouse/Partner: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

House Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant must be Jewish to apply for Temple Membership (as determined by Rabbi). Second person, if not Jewish may apply for associate membership.

Religious affiliation of spouse/partner: \_\_\_\_\_

Membership dues are \$900 for an individual and \$1,500 for a family. You can make payment by check, or on our Website. If you need to make monthly payments, arrangements can be made. All payment arrangements need to be made with President Craig Schlumbohm. Mail all payments to Temple Beth Sholom, c/o Robert Rosenstein, Treasurer, 32605 Temecula Pkwy, Ste. 102 Temecula, CA 92592, or make payment online at [tbstemecula.org](http://tbstemecula.org).

_____	_____	_____	_____
Signature of Applicant	Date	Signature of Spouse/Partner	Date

All applications for membership are subject to the approval of the Temple's Board of Directors.

Date : \_\_\_\_\_ Chairperson: \_\_\_\_\_