Temple Beth Sholom
of The Temecula Valley
(951)679-0419 | tbstemecula.org

Application for Membership
2026-2027

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, 28600 Mercedes St., Temecula, CA 92590, or make payment online at 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:** _____