



## Application for Membership

I / We hereby apply for membership to Temple Beth Sholom of Temecula on \_\_\_ / \_\_\_ / \_\_\_.

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

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

**Birth Date:** \_\_\_/\_\_\_/\_\_\_      **Anniversary** (if applicable): \_\_\_/\_\_\_/\_\_\_

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

**Home Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_      **Cell:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

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

**Names of Family members** (if applicable): \_\_\_\_\_

**Their Hebrew Names:** \_\_\_\_\_

**Birth Date:** \_\_\_/\_\_\_/\_\_\_    **Birth Date:** \_\_\_/\_\_\_/\_\_\_    **Birth Date:** \_\_\_/\_\_\_/\_\_\_

Applicant must be Jewish to apply for Temple Membership. Second person, if not Jewish, may apply for associate membership.

**Religious affiliation of spouse/partner** (if applicable): \_\_\_\_\_

Membership dues are \$900 for an individual and \$1,500 for a family. Payments are accepted by check, credit card (email [info@tbstemecula.org](mailto:info@tbstemecula.org) for form), or on our website via PayPal. Monthly payment arrangements can be made. **No one will be denied membership due to an inability to pay**, scholarship assistance is available – please contact to Karen Poulson, President. Mail payments to Temple Beth Sholom, c/o Robert B. Rosenstein, Treasurer, 28600 Mercedes St., Temecula, CA 92590.

**Applicant Signature** \_\_\_\_\_      **Date:** \_\_\_\_\_

**Spouse/Partner Signature** (if applicable) \_\_\_\_\_      **Date:** \_\_\_\_\_

All applications for membership are subject to the approval of Temple Beth Sholom’s Board of Directors.

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