



Temple Shalom • 23 Bethany Pike • Wheeling, WV 26003

Rabbi Joshua B. Lief
Andrew Mendelson, President

MEMBERSHIP APPLICATION

Please complete this form as it applies to you/your family

Date _____

Name of Applicant: _____

Hebrew Name of Applicant: _____

Spouse/2nd Adult: _____

Hebrew Name Spouse/2nd Adult _____

Address: _____

Date of Current Marriage (if applicable): _____

Adult 1

Adult 2

Date of Birth: _____

Tel. (Home): _____

(Cell): _____

Email: _____

Occupation: _____

Employer: _____

CHILDREN

If applicable, please tell us about your dependent children:

If you have more than three children, please use another paper. If your adult child/children under the age of 21 lives/live away from home, please provide the child's address so that he/she may be included on the mailing list.

	NAME	HEBREW NAME	DATE OF BIRTH
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Are you interested in your child(ren) attending Religious School? Yes_____ No_____

ACTIVITIES AND COMMITTEES

Let us get to know you.

What is your favorite festival and or holiday?

Do you like to participate in Temple life (Worship, Learning, Social Action, Socializing)?

What talents do you have to contribute to Temple Shalom?

Do you consider yourself a committee member or a committee chair?

Regarding other organization to which you belong; in what areas have you participated?

Yahrzeit

Please tell us about your loved one's *Yahrzeit* (the anniversary of the day of death of a relative) and please note if you observe the *Yahrzeit* using the Gregorian calendar or the Hebrew calendar. If you need more space please use another sheet of paper.

Loved one's Name

Relationship

Yahrzeit Date H/G

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

Temple Shalom has adopted the URJ's Fair Share System for recommending annual pledges for membership dues. *Each family decides the level of dues they wish to commit each year.* A fair share suggested dues schedule is listed below.

Family Income	Suggested Dues Paid Monthly	Suggested Dues Paid Annually
0-\$20,000	\$25	\$300
\$21,000-\$25,000	\$29	\$350
\$25,001-\$30,000	\$35	\$420
\$30,001-\$35,000	\$40	\$475
\$35,001-\$40,000	\$46	\$550
\$40,001-\$45,000	\$52	\$625
\$45,001-\$50,000	\$60	\$725
\$50,001-\$60,000	\$71	\$850
\$60,001-\$70,000	\$83	\$1,000
\$70,001-\$80,000	\$94	\$1,125
\$80,001-\$90,000	\$104	\$1,250
\$90,001-100,000	\$117	\$1,400
\$100,001 and over	\$125 and over	\$1,500 and over

2024/2025 Pledge Commitment Form

NAME: _____

I/We pledge to pay annual dues to *Temple Shalom* for the 2024/2025 fiscal year starting July 1, 2024, thru June 30, 2025. My/Our annual pledge is for \$_____.

Please pay at your convenience, however you will receive a bill quarterly from the Temple.

Please bill me for ARZA membership \$50

By signing below, you acknowledge your responsibility to meet this year's pledge commitment. According to the Temple Shalom Constitution, all adult members of the family must sign this pledge commitment form.

X _____

X _____

Please return this form by June 14, 2024.

Membership dues will be billed in the 2024/2025 fiscal year.

Thank you for supporting Temple Shalom.