



## Temple Ohev Sholom Membership Application

	<b>Applicant</b>	<b>Co-applicant</b>
Full Name		
Preferred/Informal Name		
Title (Dr./Mr./Mrs./Other)		
Hebrew Name		
Home Address: City, State, ZIP Home Phone		
Email		
Mobile Phone		
Date of Birth		
Place of Birth		
Marital Status		
Date of Marriage		
Occupation/title Employer		
Full time/part time/retired		
Religion of Birth		
Jewish tradition (Reform, Conservative, Orthodox, Secular, Reconstructionist)		
Current Religion		
Did you become a Bar/Bat Mitzvah? Yes/No/Date		
Were you Confirmed? Yes/No/Date		
Previous Synagogue City/State		



Please provide the following information on your children:	Child 1	Child 2
Full Name		
Preferred/Informal Name		
Hebrew Name		
Date of Birth		
Email		
Address (if different)		
Current Grade		
Current School		
Religious/Hebrew School (currently attending, attended in the past, will attend)		

	Child 3	Child 4
Full Name		
Informal Name		
Hebrew Name		
Date of Birth		
Email		
Address (if different)		
Current Grade		
Current School		
Religious/Hebrew School (currently attending, attended in the past, will attend)		



Other Adults in your Home	Adult 1	Adult 2
Name		
Relationship		
Date of Birth		

Have you previously been a member of Temple Ohev Sholom? If so, when?	
Are you related to a Temple Ohev Sholom member? If so, who?	
Do you have any physical restrictions (vision, hearing, mobility, other) or special needs?	

Your Yahrzeits/Family Kaddish List		
Name of the deceased	Relationship	Date of Death

Potential Interests/Involvement – check any/all for more information	
<input type="checkbox"/>	<b>Caring Community</b> service and support to congregants (house visits, calls, rides, meals).
<input type="checkbox"/>	<b>Fundraising</b> - events or grant work
<input type="checkbox"/>	<b>Information Technology</b> - network/web site
<input type="checkbox"/>	<b>Membership</b> - recruitment, integration, and retention efforts.
<input type="checkbox"/>	<b>Programming</b> - Social or Adult Education
<input type="checkbox"/>	<b>Publicity/Social Media</b>
<input type="checkbox"/>	<b>Religious School</b> - teacher/tutor
<input type="checkbox"/>	<b>Sisterhood or Brotherhood Groups</b>
<input type="checkbox"/>	<b>Social Action</b>
<input type="checkbox"/>	<b>Temple Governance/Temple Board of Trustees</b>
<input type="checkbox"/>	<b>Worship</b>
<input type="checkbox"/>	<b>Youth Activities</b>
<b>Other:</b>	



## Temple Ohev Sholom Membership Dues for 2024-2025

Membership Type	Annual Dues
Unmarried & Age 25 or Younger	\$275.50
Unmarried & Age 26-30	\$533.00
Unmarried & Age 31-35	\$1,050.00
Unmarried & Age 35+	\$1,420.00
Married & Under age 25	\$433.00
Married & Age 26-30	\$793.00
Married & Age 31-35	\$1725.00
Married & Age 35+	\$2,220.00

### Notes:

- Dues are for 7/1/2024 - 6/30/2025. Dues are prorated based upon when you join the Temple.
- The TOS Membership Portal will allow you to view your balance, make payments, and schedule future payments. Your account is available 24/7 by logging into your secure online Shul Cloud account from our website, [www.ohavsholom.org](http://www.ohavsholom.org) or <https://templeohavsholom.shulcloud.com/>
- Dues can be assessed to your account either monthly or annually. Reminder statements are emailed monthly, if your account has a balance due. (Monthly bills are not typically mailed, please contact the office if you want to get billed.)
- You can pay your dues via a physical check delivered to either the Temple or our accounting service, through establishing an EFT link between your bank and your membership account, or by charging it to a credit card.
- Unmarried includes individuals who have never been married, those who are divorced and those who are widowed.
- For married couples, please use the older spouse's age to determine the dues category.
- Religious School Fees and Bar/Bat/Be Mitzvah Fees can be found online
- Your financial support is absolutely essential to Temple Ohev Sholom. Thank you in advance for your cooperation in ensuring timely payment of your membership dues!



## Membership Obligations

**Dues-** I/We have reviewed the TOS Dues Schedule and agree to abide by it.

I/We apply as  **Unmarried**  **Married**  
 **Under 25**  **26-30**  **31-35**  **35+**

I/We select to pay my/our dues  **Monthly**  **Annually**

I am in need of financial assistance with my dues and would like to be connected with the Financial Secretary to discuss my situation.

**Capital Fund-** In order to preserve our Temple and keep it unencumbered for future generations, we must keep it on a solid financial base- the Temple is a sacred place of worship and gathering place for our community. All new members are asked to make a pledge to the Capital Fund in an amount to be paid over a three-year period.

I/We pledge to the Capital fund, to be paid on a quarterly basis over a 3-year term:

- |   |  |
|---|--|
| <input type="checkbox"/> \$750 (minimum pledge) | <input type="checkbox"/> \$1000                                |
| <input type="checkbox"/> \$1400                 | <input type="checkbox"/> \$1800                                |
| <input type="checkbox"/> \$2400                 | <input type="checkbox"/> Specify (in excess of \$2400) \$_____ |

**Payment-** I/We herewith submit our first dues payment of \$\_\_\_\_\_ and our first Capital Fund contribution of \$\_\_\_\_\_.

**Application-** I/We hereby apply for Membership in Temple Ohev Sholom and agree to abide by its Constitution, By-laws, and regulations. The information provided above is correct to the best of our knowledge. We understand that the information contained in the application will be used for Temple administration only, and will not be released beyond the Board of Trustees and office staff without our express permission. In accordance with URJ policy, we give permission for Temple Ohev Sholom to contact our former congregation to determine our status.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Co-applicant signature

\_\_\_\_\_  
Date

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### Membership Determination (to be completed by Temple):

The attached Application for Membership was submitted to the Board of Trustees and approved/disapproved on the following date \_\_\_\_\_. Applicant(s) will be notified by Temple staff.

\_\_\_\_\_  
Temple President, Secretary, or Membership & Outreach Chair