



# MEMBERSHIP APPLICATION

(Please print clearly. Thank you!)

Mail your completed application to Temple Shalom, 4615 Lowe Road, Louisville, KY 40220.  
Or email it to [information@templeshalomky.org](mailto:information@templeshalomky.org), with "Membership Application" in the subject line.

**FAMILY NAME(S) or SURNAME(S):** \_\_\_\_\_

**MEMBERSHIP DESIRED (check one below):**

- |   |                                     |   |
|---|-------------------------------------|---|
| <input type="checkbox"/> Family               | <input type="checkbox"/> Individual | <input type="checkbox"/> Senior Couple (1 member over 65) |
| <input type="checkbox"/> Single Parent Family | <input type="checkbox"/> Couple     | <input type="checkbox"/> Senior Individual (over 65)      |
| <input type="checkbox"/> Associate            | <input type="checkbox"/> Affiliate  | <input type="checkbox"/> Friend of Temple Shalom          |

**Adult in Household:**

Preferred Salutation:  Mr.  Mrs.  Ms.

Dr.  None  Other: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_  Home  Cell  Work

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

Occupation: \_\_\_\_\_

Age Range:  <40  41-64  65+

**Religious Affiliation:**

Jewish  Denomination \_\_\_\_\_

Other \_\_\_\_\_

**Adult in Household:**

Preferred Salutation:  Mr.  Mrs.  Ms.

Dr.  None  Other: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_  Home  Cell  Work

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

Occupation: \_\_\_\_\_

Age Range:  <40  41-64  65+

**Religious Affiliation:**

Jewish  Denomination \_\_\_\_\_

Other \_\_\_\_\_

**Children residing with you or in college:**

**Name:**

**Age:**

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Do you currently have family members at Temple Shalom? If so, please list:

Name:

Relationship:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Are you new to the area?  Yes  No

Are you currently a member of another synagogue?  Yes  No

What about Temple Shalom attracts or interests you? \_\_\_\_\_

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Would transportation to Temple Shalom increase your likelihood of attending services or activities?

Yes  No

Is there anything else you'd like us to know about you and your family?

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***Thank you for your interest in Temple Shalom!***

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_