



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, 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? _____

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?

Thank you for your interest in Temple Shalom!

Signature(s) _____

Date _____

2023-2024 Temple Shalom Dues Pledge Form

Temple Shalom operates on a voluntary dues model. It costs us \$3,543 per member to operate the congregation. It is understood that some members cannot afford \$3,543. It is also understood that there are members who can and do contribute that amount and more. Every pledge will be accepted and acknowledged with deep gratitude, respect and anonymity. Judaism teaches us that every member of the community is to be valued equally. When gifts were accepted to build the temple in Jerusalem, every gift was accepted with gratitude and respect, no matter its size. Temple Shalom's voluntary pledge model enables us to follow that example. Please consider carefully what Temple Shalom means to you and how much you can contribute to help our congregation achieve greater financial stability, then fill out the form.

Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Yearly Pledge/Contribution: _____

Donors Up to \$1999 per member unit (individual, couple or family)

Sustainers \$2000-\$3599

Guardians \$3600-\$5399

Pillars \$5400 or more

Payment Frequency:

Annually

Semi-Annually

Quarterly

Monthly

Payment Method:

Check

Automatic Bank Withdrawal

Credit Card (3.5% fee will be added)

Please contact Temple Shalom's Executive Assistant LaTonya Thierry, 502-458-4739, to set up automatic bank withdrawals or monthly credit card payments.

**Thank You
for Being a Member
of Temple Shalom**



4615 Lowe Road, Louisville, KY 40220