



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 TYPE 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

Occupation: _____

Age Range: <40 41-64 65+

Adult in Household:

Preferred Salutation: Mr. Mrs. Ms.

Dr. None Other: _____

Full Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone: _____ Home Cell Work

Occupation: _____

Age Range: <40 41-64 65+

Religious Affiliation

Jewish Denomination _____

Other _____

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 _____