

**Temple Shalom, Home of the New Jewish Congregation**  
13563 County Rd. 101 Oxford, Florida 34484 (352) 748-1800

**Membership Form 2010 – Part 1**

**Last Name/First Name**                      **Nick Name (If Preferred)**                      **Birthday (mm/dd)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Wedding Anniversary (mm/dd)** \_\_\_\_\_

**Florida Address**

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Community Name \_\_\_\_\_ Section \_\_\_\_\_

**Other Address**

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_

**E-Mail** - Please **PRINT** clearly (for example, abcdef@comcast.net)

E-Mail for \_\_\_\_\_ E-Mail Address \_\_\_\_\_

E-Mail for \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Interests:** May we call upon you for committee participation? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Please indicate your past occupations, hobbies and interests

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe previous participation in other temple organizations or committees:**

\_\_\_\_\_  
\_\_\_\_\_

**Yahrzeits (Print clearly – If renewing, only changes or additions necessary)**

Loved One's Name	Relationship To Congregant	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**Membership Form 2010 - Part 2**

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Phone No.** \_\_\_\_\_  
 \_\_\_\_\_  
 Florida Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Membership Dues**

Please submit full payment with this application. No charge for dependents under the age of 21 living in the same household.

- **Renewed Membership:**  
*Per Person* \$275 - January 1 through December 31, 2010
  
- **First Time Membership:**  
*Per Person* Dues are prorated as follows for your 1<sup>st</sup> year of membership.  
 Jan. - \$275 Feb. - \$275 March - \$230 April - \$207 May - \$184 June - \$161  
 July - \$138 Aug. - \$115 Sept. - \$ 92 Oct. - \$ 69 Nov. - \$ 46 Dec. - \$ 22

**Building Fund - This section must be completed**

The building fund requirement is \$1,250 per person and is payable as follows:

1. **Full Payment Option Plan** - \$ 1,250 per person due with 2010 annual dues.
2. **Payout Option Plans**  
 Check one of the following \_\_\_ 5 years \_\_\_ 4 years \_\_\_ 3 years \_\_\_ 2 years  
 See table below to determine your annual payment amount.

\*First year's payment due with 2010 annual dues. Select month for remaining building fund annual payments. (Not to exceed 12 months from first payment).

\_\_\_ Jan \_\_\_ Feb \_\_\_ Mar \_\_\_ Apr \_\_\_ May \_\_\_ June \_\_\_ July \_\_\_ Aug \_\_\_ Sep \_\_\_ Oct \_\_\_ Nov \_\_\_ Dec

<b>Year</b>	<b>5 year plan</b>	<b>4 year plan</b>	<b>3 year plan</b>	<b>2 year plan</b>
2010*	\$250 per person	\$313 per person	\$417 per person	\$625 per person
2011	\$250 per person	\$313 per person	\$417 per person	\$625 per person
2012	\$250 per person	\$312 per person	\$416 per person	
2013	\$250 per person	\$312 per person		
2014	\$250 per person			

**Dues Amount X number of individuals joining.....** \$ \_\_\_\_\_  
**Building Fund Amount Per above Payout Option Plan.....** \$ \_\_\_\_\_  
**Total Amount Submitted.....** \$ \_\_\_\_\_  
**Check No.** \_\_\_\_\_ **Date** \_\_\_\_\_

# Emergency Contact Information Sheet

Please complete the following form so that we have the information if needed.

Your Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

## Emergency Contact Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # Home \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # Home \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # Home \_\_\_\_\_ Cell \_\_\_\_\_

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**Temple Shalom**  
**13563 CR 101**  
**Oxford, FL 34484**  
**352-748-1800**

Fill in the items that you want listed in our Temple Shalom Directory. **PLEASE PRINT VERY CLEARLY.** Please do not respond with “same as last year” but take a moment and fill out the form. Thanks.

Last Name/First Name \_\_\_\_\_

Last Name/First Name \_\_\_\_\_

Florida Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Seasonal Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

Phone \_\_\_\_\_

E-mail for: \_\_\_\_\_ at \_\_\_\_\_

E-mail for: \_\_\_\_\_ at \_\_\_\_\_

Hometown \_\_\_\_\_

Mail, E-mail or bring this completed application to the Temple Shalom office **ASAP!** If you use U.S. Mail please mark it; Attn: Directory.