



# MEMBERSHIP APPLICATION

## 2010-2011/5770-5771

Today's Date: \_\_\_\_\_

### FAMILY INFORMATION:

**Adult 1:** \_\_\_\_\_ **Adult 2:** \_\_\_\_\_  
Last Name First Name MI Last Name First Name MI

Home Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Anniversary Date (if applies): \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Address	Mailing Address (If Different)	Secondary or Local Address
<small>City State Zip Code</small>	<small>City State Zip Code</small>	<small>City State Zip Code</small>

Time Spent at Primary Address From: \_\_\_\_\_ To: \_\_\_\_\_

#### Adult 1 Information:

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Nickname: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_ Jewish? Y/N  
 Mobile Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

#### Adult 2 Information:

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Nickname: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_ Jewish? Y/N  
 Mobile Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

**Child 1:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_ M/F  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ E-mail: \_\_\_\_\_ Name of School: \_\_\_\_\_

**Child 2:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_ M/F  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ E-mail: \_\_\_\_\_ Name of School: \_\_\_\_\_

**Child 3:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_ M/F  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ E-mail: \_\_\_\_\_ Name of School: \_\_\_\_\_

**Child 4:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_ M/F  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ E-mail: \_\_\_\_\_ Name of School: \_\_\_\_\_

Yes, I would like to receive additional information regarding the religious school programs for children in preschool, and kindergarten through tenth grade

### Yahrzeit Dates to be Remembered:

Name of Loved One \_\_\_\_\_ Secular Date of Death \_\_\_\_/\_\_\_\_/\_\_\_\_ After Sundown

Relationship to family member \_\_\_\_\_ Observe: English Date  Hebrew Date

Name of Loved One \_\_\_\_\_ Secular Date of Death \_\_\_\_/\_\_\_\_/\_\_\_\_ After Sundown

Relationship to family member \_\_\_\_\_ Observe: English Date  Hebrew Date

Name of Loved One \_\_\_\_\_ Secular Date of Death \_\_\_\_/\_\_\_\_/\_\_\_\_ After Sundown

Relationship to family member \_\_\_\_\_ Observe: English Date  Hebrew Date

Name of Loved One \_\_\_\_\_ Secular Date of Death \_\_\_\_/\_\_\_\_/\_\_\_\_ After Sundown

Relationship to family member \_\_\_\_\_ Observe: English Date  Hebrew Date

If additional space is needed, please attach another sheet of paper.

## ANNUAL MEMBERSHIP DUES AND BUILDING OBLIGATION:

Please indicate the category that applies. Enclose check or credit card\* number with application. Rate variances are available, and no one will be turned away due to lack of funds. Please do not hesitate to contact Tom Barman, Director of Operations, or Rabbi Joshua Aaronson at 435-649-2276 for information concerning a rate variance.

- \$1,800 Annual Family Dues + \$3,000 Building Fund payable over five years  
 \$900 Annual Single Dues + \$1,500 Building Pledge payable over five years

### 2010/2011 Fiscal Year Membership Dues:

I would like to make 1 full payment of  
\_\_\_\$1,800 (family) \_\_\_\$900 (single)

I would like to make 4 equal quarterly payments of  
\_\_\_\$450 (family) \_\_\_\$225(single)

### Building Fund payments:

I would like to make 1 full payment of  
\_\_\_\$3,000 (family) \_\_\_\$1,500 (single)

I would like to make 5 annual payments of  
\_\_\_\$600 (family) \_\_\_\$300 (single)

Payment Enclosed \$ \_\_\_\_\_  Bill Me:  Annually  Quarterly

Card Type: \_\_\_American Express \_\_\_Discover \_\_\_Visa \_\_\_MasterCard  
Please note payments can be made at the THS website: [www.templeharshalom.com](http://www.templeharshalom.com)

**\*3% charge on credit cards will be applied**

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_

Credit card billing address if different: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

### INTERESTS

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Adult Education    | <input type="checkbox"/> Ladies' Book Club                       | <input type="checkbox"/> Special K's  |
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Mah Jongg                               | (A Social Group for Empty Nesters)    |
| <input type="checkbox"/> Knitzvah           | <input type="checkbox"/> Not So Youth Group<br>(20s & 30s Group) | <input type="checkbox"/> Volunteering |

Return completed form with payment (check/credit card\*) to:

**Temple Har Shalom  
P.O. Box 681236  
Park City, UT 84068**