



Temple Beth Sholom 2009/2010 Membership Worksheet

2625 N. Tustin Avenue, Santa Ana, CA 92705
(714) 628-4600 ~ www.tbsoc.com



DATE: _____

ADULT 1 NAME: _____ <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	ADULT 2 NAME: _____ <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss
BIRTH DATE MM/DD/YY: _____	BIRTH DATE MM/DD/YY: _____
HOME PHONE () _____	ANNIVERSARY DATE MM/DD/YY: _____

ADDRESS: _____

CITY & ZIP: _____

OCCUPATION: _____ E-MAIL: _____ CELL PHONE: () _____ WORK PHONE: () _____ <input type="checkbox"/> Jewish <input type="checkbox"/> Not Jewish	OCCUPATION: _____ E-MAIL: _____ CELL PHONE: () _____ WORK PHONE: () _____ <input type="checkbox"/> Jewish <input type="checkbox"/> Not Jewish												
CHILDREN: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 60%;">NAME</th> <th>DATE OF BIRTH</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	NAME	DATE OF BIRTH					<table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 60%;">NAME</th> <th>DATE OF BIRTH</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	NAME	DATE OF BIRTH				
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ANNUAL COMMITMENT LEVEL

Rabbi's Circle of Honor

<input type="checkbox"/> Platinum (\$12,500 or more)	<input type="checkbox"/> Silver (\$5,750 or more)	
<input type="checkbox"/> Gold (\$8,350 or more)	<input type="checkbox"/> Bronze (\$3,150 or more)	\$ _____

Basic

<input type="checkbox"/> Basic Family/Couple/Senior Couple (\$2,340)	<input type="checkbox"/> Young Married (under 30, \$1,170)	
<input type="checkbox"/> Basic Single/Single Parent/Senior Single (\$1,170)	<input type="checkbox"/> Young Adult (under 25, \$365)	
<input type="checkbox"/> Senior Couple (Limited Income) (\$1,450)	<input type="checkbox"/> Request for Special Consideration	
<input type="checkbox"/> Senior Single (Limited Income) (\$725)		\$ _____

ANNUAL FACILITY MAINTENANCE (10% OF DUES LEVEL) \$ _____

BUILDING IMPROVEMENT FUND (FIXED AMOUNT) \$ _____

Family	Single
<input type="checkbox"/> 1-Year Pay Plan (\$3,308)	<input type="checkbox"/> 1-Year Pay Plan (\$1,654)
<input type="checkbox"/> 5-Year Pay Plan (\$3,675, \$735/year x 5 years)	<input type="checkbox"/> 5-Year Pay Plan (\$1,837.50, (\$367.50/year x 5 years))

SECURITY ASSESSMENT (FIXED AMOUNT) \$ 100.00

ARZA (ASSOCIATION OF REFORM ZIONISTS OF AMERICA) \$ 36.00

ONEG FEE \$ 36.00

TOTAL ANNUAL COMMITMENT: \$ _____

Temple Beth Sholom ~ Member Information

Name 1: _____ Name 2: _____

If new to area, where did you move from? _____

Relatives/Friends @ TBS: _____

Interests/Hobbies: _____

Family Yahrzeits

Deceased's Name: _____

I/We wish to observe: Hebrew date of death _____/_____/_____

English date of death _____/_____/_____ AM PM

Relative of: _____ Relationship: _____

Deceased's Name: _____

I/We wish to observe: Hebrew date of death _____/_____/_____

English date of death _____/_____/_____ AM PM

Relative of: _____ Relationship: _____

Deceased's Name: _____

I/We wish to observe: Hebrew date of death _____/_____/_____

English date of death _____/_____/_____ AM PM

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