



A Reform Jewish Congregation  
7612 Old Ox Road, Fairfax Station, VA 22039

Date of application: _____
Date of acceptance: _____
<a href="http://www.tbs-online.org">www.tbs-online.org</a> (703)764-2901

**TBS MEMBERSHIP APPLICATION (Please PRINT all information.)**

Member 1				Member 2			
Last Name	First	Middle	Title	Last Name	First	Middle	Title
Nickname (if any)				Nickname (if any)			
Street Address			Apt. No.	Street Address			Apt. No.
City, State Zip				City, State Zip			
Home Phone				Home Phone			
Cell Phone				Cell Phone			
Work Phone				Work Phone			
E-mail Address (where we may send Temple information)				E-mail Address (where we may send Temple information)			
Employer and Type of Business or Profession (optional)				Employer and Type of Business or Profession (optional)			
Sex (please circle): M F Date of Birth:				Sex (please circle): M F Date of Birth:			
<input type="checkbox"/> Jewish* Hebrew Name:  <input type="checkbox"/> Non-Jewish If non-Jewish, are you practicing another religion?				<input type="checkbox"/> Jewish* Hebrew Name:  <input type="checkbox"/> Non-Jewish If non-Jewish, are you practicing another religion?			
Mother's Full Name (English): Mother's Hebrew Name:				Mother's Full Name (English): Mother's Hebrew Name:			
Father's Full Name (English): Father's Hebrew Name:				Father's Full Name (English): Father's Hebrew Name:			
<b>Marital Status: Married/Partnered (date: _____)</b>				<b>Single</b> <input type="checkbox"/>	<b>Widowed</b> <input type="checkbox"/>	<b>Divorced</b> <input type="checkbox"/>	<b>Separated</b> <input type="checkbox"/>

**\*For Jewish members only: In order to be accepted for membership, you must exclusively practice Judaism. Jewish members may not practice other religions.**

- Check here if you do NOT wish to be listed as a member in the Temple directory.
- Check here if you do NOT wish to receive the Temple's weekly email.

Previous Congregation Affiliation (include city and state): \_\_\_\_\_

How did you hear about Temple B'nai Shalom?  Web Search  Ad (where?) \_\_\_\_\_

Friend (who?) \_\_\_\_\_  Yellow Pages  Other (please be specific) \_\_\_\_\_

**Dependent Children\***

**Please provide the following for each dependent child.**

Child's Name	Sex	Birthdate (mm/dd/yy)	Grade in School	Name of School?	Will Child Attend Religious School?	Hebrew Name (if any)

**Are all children exclusively practicing Judaism? Yes or No (please circle)**

**If not, please indicate the child's name and religious affiliation:** \_\_\_\_\_

*\*Children are eligible for our religious school only if they are being raised exclusively as Jews.*

**Yahrzeits**

**Please fill in the information below and the name of the departed will be memorialized at Shabbat services following the anniversary of his or her death. You will be notified prior to the date of the service.**

Name of Deceased	Relationship to Family (e.g., father of wife, mother of husband, etc.)	English Date of Death (mm/dd/yy)	Observe Hebrew or English Date? (please circle)	
			Hebrew	English
			Hebrew	English
			Hebrew	English
			Hebrew	English
			Hebrew	English

**Prayerbook Fund**

All new members are required to make a \$54 donation to the Prayerbook Fund. A bookplate will be placed in a Torah Commentary or Prayerbook if a dedication is included on this form.

I would like to dedicate a volume: (pick one)

In memory of \_\_\_\_\_

In honor of \_\_\_\_\_

**Membership Categories (Select One)**

Family/Couple/Single\*

Young Couple/Single (up to, and including, age 32)\*

Senior Couple/Single\*

L'Dor V'Dor\*\* (unmarried, no children...child of member, age 23-29)

L'Dor V'Dor\*\* (unmarried, no children...child of member, age 30-35)

**Special Membership Categories**

Active Military\*

Associate Family/Couple/Single (must reside outside 60 mi. radius; full membership)\*

Corresponding (must reside outside 60 mi. radius; limited membership...see note below)\*\*\*

Kehilla\*\*\* (through JCCNV...limited membership...see note below)

Dependent Senior Parent\*\*\* (for parent completely financially dependent on you)

\*\$180 application fee (fully applicable to dues) paid with Membership Application

\*\*Full payment of dues with Membership Application

\*\*\*No payment due with Membership Application

**Note regarding membership dues**

*While dues may be billed monthly, quarterly, or annually, at the member's option, the total annual amount represents the member's obligation to Temple B'nai Shalom for that membership year and must be paid in full. (Unless you have children in our Religious School, if you join between October 1 and June 30, you will pay dues for the quarter in which you join, plus the rest of the membership year.)*

**Note regarding limited memberships**

*Please be advised that limited membership means no life cycle events or rabbinic services.*

**Billing**

Please select how you wish to be billed for membership dues:

Monthly                       Quarterly (Jul. 1, Oct. 1, Jan. 1, Apr. 1)                       Annually (Jul. 1)

If you would like to have your dues deducted automatically via ACH (no fee) or Credit Card (2.5% fee), please check this box.

We send billing statements via email. Please provide the best email address for us to send them to here:

\_\_\_\_\_ If you prefer to have the statements sent by regular mail service,

please check this box.

**PLEASE BE SURE TO FILL OUT THE ACTIVITY INFORMATION FORM ON THE FOLLOWING PAGE.**

Family Name: \_\_\_\_\_

### ACTIVITY INFORMATION

Temple B'nai Shalom offers a variety of ways for you to become involved. Groups such as Brotherhood and Sisterhood provide both social and service opportunities. There are youth groups in our Religious School for children in 5<sup>th</sup> grade and higher. Special groups such as the Interfaith Couples Support Group and the Mothers' Support Group are geared to those with similar interests.

Temple B'nai Shalom has always depended heavily on volunteers. We recognize that some people enjoy working on committees and others prefer to focus on specific tasks without the obligation to attend committee meetings. Either way, you can meet people and feel a part of our Temple family.

Please indicate which activities or groups you are interested in joining:

Committees/Activities

- Adult Education
- Bar/Bat Mitzvah
- Bereavement
- Building/Grounds Maintenance
- Caring Community
- College Outreach
- Fundraising
- Greeters-Hospitality
- High Holy Days
- Membership
- Mitzvah Day
- Oneg
- Religious School
- Social Action
- Technology/Website
- Youth

Auxiliaries and Support Programs

- Brotherhood
- Sisterhood
  
- Interfaith Couples Group
- Mothers' Support Group
- Children of Holocaust Survivors Support Group
- Grief Support Group
  
- Jr. BeASTY (5<sup>th</sup>-8<sup>th</sup> Grade Youth Group)
- BeASTY (8<sup>th</sup>-12<sup>th</sup> Grade Youth Group)
  
- TBS Young Families

Please share with us any special skills, hobbies, talents, or expertise you have that we might call on you to use as a volunteer:

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If there is a specific individual activity that you feel you could help us with, please write it here:

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If you have any questions about this application, please contact Lynn Richmond at [lynn@tbs-online.org](mailto:lynn@tbs-online.org) or 703-764-2901.