



**rodef shalom temple**

## **Membership Application**

**318 Whealton Road  
Hampton, VA 23666  
(757) 826-5894**

**E-mail: [office@rodefsholomtemple.org](mailto:office@rodefsholomtemple.org)**

**Affiliated with United Synagogue of America  
and  
The United Jewish Community  
of the Virginia Peninsula**

(This information is treated confidentially in our Temple office.)

Full Name \_\_\_\_\_

Title:  Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_ (Nickname) \_\_\_\_\_

Hebrew Name \_\_\_\_\_ ben/bat \_\_\_\_\_  
Fathers Name Mothers Name V \_\_\_\_\_

Residence Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation \_\_\_\_\_ Name of Business \_\_\_\_\_

Business Address \_\_\_\_\_ City State Zip

Phone Numbers:  
Home \_\_\_\_\_ Business \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Date you moved to SE Virginia \_\_\_\_\_ From \_\_\_\_\_  
City State

Other Congregational affiliation \_\_\_\_\_ In \_\_\_\_\_  
City State

Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of birth \_\_\_\_\_  
Month Day Year City State

Married  Single  Separated  Widow  Widower Anniversary \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

I was raised:  Orthodox  Conservative  Reconstructionist  Reform  Non-Practicing  Not Jewish

Did you convert to Judaism?  Yes  No Conversion Date \_\_\_\_\_ Place \_\_\_\_\_  
(If Yes, please attach a copy of the conversion certificate) City State

Rabbi who coordinated the conversion process: \_\_\_\_\_

Membership in Jewish Organizations \_\_\_\_\_

Areas of interest in Temple Activities:  Sisterhood  Men's Club  Religious School

Preschool  Adult Education Committees \_\_\_\_\_

List name and relationship to other member(s) of the Temple \_\_\_\_\_

**Spouse's Name** \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_

Title:  Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_ (Nickname) \_\_\_\_\_

Hebrew Name \_\_\_\_\_ ben/bat \_\_\_\_\_  
Fathers Name Mothers Name V \_\_\_\_\_

Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of birth \_\_\_\_\_  
Month Day Year City State

Occupation \_\_\_\_\_ Name of Business \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
City State Zip

I was raised:  Orthodox  Conservative  Reconstructionist  Reform  Non-Practicing  Not Jewish

Did you convert to Judaism?  Yes;  No. Conversion Date \_\_\_\_\_ Place \_\_\_\_\_  
(If Yes, please attach a copy of the conversion certificate) City State

Rabbi who coordinated the conversion process: \_\_\_\_\_

Membership in Jewish Organizations \_\_\_\_\_

Areas of interest in Temple Activities:  Sisterhood  Men's Club  Religious School

Preschool  Adult Education Committees \_\_\_\_\_

# The Rodef Sholom Temple Family Record

## UNMARRIED CHILDREN IN HOUSEHOLD

English Name	Last Name (If different)	Hebrew Name	Birth Date	Grade in School	No. of Yrs Attended Hebrew School	Year of Bar/Bat Mitzvah
<input type="checkbox"/> _____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____	_____	_____	_____

Please check box at left above, if the child does not reside with you.

The Child's address is \_\_\_\_\_

To have mailings about our school sent to parents, with different addresses, please list both parents' name and address.

Is child (children) Jewish by birth? \_\_\_\_\_ If not, please explain (We consider a child Jewish when the mother was Jewish at the time of child's birth or if the child converted to Judaism. If the child was converted, please include a copy of the certificate.)

## MARRIED CHILDREN or CHILDREN LIVING AWAY FROM HOME

We would like to stay in touch with our extended Rodef Sholom Temple family to remind them of Holy Days and Observances.

Name \_\_\_\_\_ Educational Institute (if applicable) \_\_\_\_\_

Home or Institute Address \_\_\_\_\_  
City                      State      Zip

Field(s) of Study (if applicable) \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ Educational Institute (if applicable) \_\_\_\_\_

Home or Institute Address \_\_\_\_\_  
City                      State      Zip

Field(s) of Study (if applicable) \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

## YAHRTZEIT INFORMATION

Name of Deceased \_\_\_\_\_ Relationship \_\_\_\_\_

Member to be Notified \_\_\_\_\_ Date of Passing \_\_\_\_\_

Name of Deceased \_\_\_\_\_ Relationship \_\_\_\_\_

Member to be Notified \_\_\_\_\_ Date of Passing \_\_\_\_\_

Name of Deceased \_\_\_\_\_ Relationship \_\_\_\_\_

Member to be Notified \_\_\_\_\_ Date of Passing \_\_\_\_\_

Name of Deceased \_\_\_\_\_ Relationship \_\_\_\_\_

Member to be Notified \_\_\_\_\_ Date of Passing \_\_\_\_\_

(Please attach an additional sheet if required)  
**The Rodef Sholom Temple Dues Schedule**

Effective July 1, 2010

United Synagogue of America affiliation dues are included.

**Please check the Membership Category that applies to your family situation:**

- Patron ..... \$2,860.00 per year
- Executive/Professional ..... \$1,875.00 per year
- Family ..... \$1,380.00 per year
- Single Parent Family ..... \$1,005.00 per year
- Individual ..... \$880.00 per year
- Senior Individual ..... \$725.00 per year
- Associate ..... ½ the dues for the appropriate category  
(Associate Membership is available to families or individuals who have a full membership at another synagogue, or have their permanent residence outside of the SE Virginia region.)

All membership categories except Individual, Senior Individual and Associate include High Holy Day seating for all members of the immediate family as defined in the Bylaws. Individuals and Senior Individuals will each receive one seat. Associate Members **do not** receive seating as part of their dues but may purchase seats at \$75.00 per seat. Any member may purchase additional seats for visitors for the High Holy Days at \$75.00 per seat.

New members may elect a reduced dues schedule, if warranted by their financial situation. Arrangements can be made with the Financial Secretary.

**There is a Building Fund Assessment for all new members of \$500. Payments are a minimum of \$100/year over 5 years.**

**Method of Dues Payment:**

Payment of dues may be made as follows:

- Payment in Full at time of billing
- Semi-annually
- Quarterly
- Monthly

*Please note that members must be current with all fees, including 1/4 of their Annual Membership Dues, to receive seats for the High Holy Days services.*

**Sunday School Fees:** 1st child \$260; 2nd child \$235; each additional \$220

I would like Rodef Sholom Temple to provide my name, address and phone number to the United Jewish Community of the VA Peninsula, so that I will receive their newsletter and event mailings

Signed \_\_\_\_\_

Please return this Membership Application to the  
Rodef Sholom Temple office located at  
318 Whealton Rd  
Hampton VA 23666  
[office@rodefsholomtemple.org](mailto:office@rodefsholomtemple.org)

For further information, please call the office at (757) 826-5894