



**TEMPLE CHAYAI SHALOM**  
 239 Depot Street, South Easton MA 02375  
 Telephone: 508-238-6385, ext.101 Fax: 508-297-9128  
 office@templechayaishalom.org  
 www.chayaishalom.org

### Membership Application

Welcome to Temple Chayai Shalom (TCS). We are delighted you have chosen to become part of our community. All application information will be treated confidentially. Please call our office if you have any questions in filling out this application.

| Personal Information   |  |  |
|--|--|--|
|  | <i>Adult Applicant 1</i>   | <i>Adult Applicant 2</i>   |
| Full Name  |  |  |
| By what first name to you wish to be addressed (if different from above)?                      |  |  |
| Hebrew Name (if known)   |  |  |
| Date of Birth (mo/day/year)  |  |  |
| Marital Status   | <input type="checkbox"/> Single <input type="checkbox"/> Widowed<br><input type="checkbox"/> Married <input type="checkbox"/> Partnered                        | <input type="checkbox"/> Single <input type="checkbox"/> Widowed<br><input type="checkbox"/> Married <input type="checkbox"/> Partnered                        |
| Anniversary Date (mo/day/year)   |  |  |
| Home Address (city, state, zip)  |  |  |
| Home Telephone Number  |  |  |
| Cell Telephone Number  |  |  |
| Email Address  |  |  |
| How would you like mailings addressed, e.g., John Jones and Mary Smith or John and Mary Jones? |  |  |
| Special Accommodations Needed  | <input type="checkbox"/> Visual impairment (large print prayer book)<br><input type="checkbox"/> Physically challenged<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Visual impairment (large print prayer book)<br><input type="checkbox"/> Physically challenged<br><input type="checkbox"/> Other _____ |

Temple Chayai Shalom maintains membership data for official synagogue use only. Members may choose to be included in the membership directory which is distributed to congregants only. May we include your name, address and email address in a directory?  Yes  No. If you have checked "no", may we include just your name?  Yes  No

## Business Information

|                    | <i>Adult Applicant 1</i>                                 | <i>Adult Applicant 2</i>                                 |
|--------------------|--|--|
| Currently working? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Occupation/Title   |  |  |
| Employer           |  |  |
| Address            |  |  |
| City, State, Zip   |  |  |
| Business Phone     |  |  |

## Religious Background

|   |  |  |
|---|--|--|
| Religious Affiliation – Are you Jewish?   | <input type="checkbox"/> YES <input type="checkbox"/> NO   | <input type="checkbox"/> YES <input type="checkbox"/> NO   |
| Did you have a Bar/Bat Mitzvah service?   | <input type="checkbox"/> YES <input type="checkbox"/> NO   | <input type="checkbox"/> YES <input type="checkbox"/> NO   |
| Were you Confirmed?   | <input type="checkbox"/> YES <input type="checkbox"/> NO   | <input type="checkbox"/> YES <input type="checkbox"/> NO   |
| Previous Temple Affiliation (if applicable) Congregation, City, State                         |  |  |
| Do you...<br>Read Hebrew<br>Chant Torah<br>Speak Yiddish<br>Lead Services                     | <input type="checkbox"/> PROFICIENT <input type="checkbox"/> BASIC<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br><input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> PROFICIENT <input type="checkbox"/> BASIC<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| Relatives who are/were TCS members? Please list and include your relationship to each member. |  |  |

## Yahrzeit Information

| English Name | Relationship | To Whom | English date of death with year. (before or after sundown) | Hebrew date of death with year. | Hebrew Name |
|--------------|--------------|---------|--|---------------------------------|-------------|
|              |              |         |  |                                 |             |
|              |              |         |  |                                 |             |
|              |              |         |  |                                 |             |
|              |              |         |  |                                 |             |

Do you want to be notified of the English or Hebrew date of death?

Please attach a separate sheet for additional names.

**Children's Information – Please list ALL CHILDREN regardless of age**

|   | Child 1   | Child 2   | Child 3   | Child 4   |
|---|---|---|---|---|
| First and middle name                           |   |   |   |   |
| Last name                                       |   |   |   |   |
| Hebrew name*<br>(if known)                      |   |   |   |   |
| Birth date<br>(mo/day/year)                     |   |   |   |   |
| Current grade                                   |   |   |   |   |
| Address<br>(if not living with you)             |   |   |   |   |
| Cell phone number                               |   |   |   |   |
| Email address                                   |   |   |   |   |
| Will attend religious school at TCS?            | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Would like to be a member of TeCSY Youth Group? | <input type="checkbox"/> TeCSY-Grades 9-12<br><input type="checkbox"/> Jr. TeCSY-Grades 7-8<br><input type="checkbox"/> Taste of TeCSY Grades 5-6 | <input type="checkbox"/> TeCSY-Grades 9-12<br><input type="checkbox"/> Jr. TeCSY-Grades 7-8<br><input type="checkbox"/> Taste of TeCSY Grades 5-6 | <input type="checkbox"/> TeCSY-Grades 9-12<br><input type="checkbox"/> Jr. TeCSY-Grades 7-8<br><input type="checkbox"/> Taste of TeCSY Grades 5-6 | <input type="checkbox"/> TeCSY-Grades 9-12<br><input type="checkbox"/> Jr. TeCSY-Grades 7-8<br><input type="checkbox"/> Taste of TeCSY Grades 5-6 |
| Bar/Bat Mitzvah Service Date<br>(mo/day/year)   |   |   |   |   |
| Confirmation Date<br>(mo/day/year)              |   |   |   |   |
| Marital status                                  | <input type="checkbox"/> Single<br><input type="checkbox"/> Married<br><input type="checkbox"/> Partnered   | <input type="checkbox"/> Single<br><input type="checkbox"/> Married<br><input type="checkbox"/> Partnered   | <input type="checkbox"/> Single<br><input type="checkbox"/> Married<br><input type="checkbox"/> Partnered   | <input type="checkbox"/> Single<br><input type="checkbox"/> Married<br><input type="checkbox"/> Partnered   |

If you have more than four children, please attach an additional page.

**\*If there is no Hebrew name, would you like the rabbi to contact you about a naming?**

**Membership Classification (Please check one)**

**Single (unmarried - no dependent children)**

**Couple (no dependent children)**

- |                          |   |                          |
|--------------------------|---|--------------------------|
| <input type="checkbox"/> | Age under 35/Oldest member under 35           | <input type="checkbox"/> |
| <input type="checkbox"/> | Age 35-64/Oldest member age 35-64             | <input type="checkbox"/> |
| <input type="checkbox"/> | Age 65+/Oldest member 65+                     | <input type="checkbox"/> |
| <input type="checkbox"/> | Associate under 65 (belong to another temple) | <input type="checkbox"/> |
| <input type="checkbox"/> | Associate 65+ (belong to another temple)      | <input type="checkbox"/> |

**Single Parent (unmarried) Family**

**Two-Parent Family**

- |                          |  |                          |
|--------------------------|--|--------------------------|
| <input type="checkbox"/> | All children younger than grade 2      | <input type="checkbox"/> |
| <input type="checkbox"/> | With at least one child in grades 2-12 | <input type="checkbox"/> |
| <input type="checkbox"/> | With all children older than grade 12  | <input type="checkbox"/> |

Temple Chayai Shalom’s Fiscal Year is from July 1st to June 30th. Annual Commitment is payable in monthly, quarterly or annual installments. Financial Assistance is available for those families that qualify. Please find the form on our website ([www.templechayaishalom.org](http://www.templechayaishalom.org)) under the “Member” tab.

In addition to the Annual Commitment, I/we agree to pay the **Temple Chayai Shalom Building Maintenance Assessment of \$2,500**, which may be paid over a period of up to five years with a minimum of 20% (\$500) per year. The building maintenance assessment is for general maintenance and upkeep of the existing building.

|      |                          |                          |
|------|--------------------------|--------------------------|
| Date | Signature of Applicant 1 | Signature of Applicant 2 |
|------|--------------------------|--------------------------|

Please send your completed Membership Application and a deposit of \$200 to: Temple Chayai Shalom, 239 Depot Street, South Easton, MA 02375

**Other Information:**

- Memorial plaque information? Please call office at 508-238-6385, ext. 101 or email [office@chayaishalom.org](mailto:office@chayaishalom.org)
- Please check this box if you would like the Rabbi to contact you – for any reason. Is there any information about you or your family that you would like the Rabbi to know? Please list below.

**Do you have any past leadership experience in the Jewish community? (Temple president, treasurer, etc.)**

**Do you have other skills or interests: financial, musical talent? “handyman” abilities, social action commitment, art, philosophy, dance, etc.**