

Membership/Intake Form  
Temple Kol Shalom  
PO.Box 5034  
El Dorado Hills, CA 95762

Welcome to Temple Kol Shalom. We are delighted that you have chosen to be part of our congregation. We hope you find membership enriching and encourage you to explore the various opportunities for Jewish expression that Temple Kol Shalom offers. Please call upon our spiritual leader Dale Wallerstein, or any member of the board whenever we can assist you in becoming part of our Temple Kol Shalom community.

Please complete this form completely so that you can enjoy a fuller participation in our temple community and so that we can respond and forward your interests to the appropriate person who will be in touch with you. Information about our members enables us to plan activities to meet the needs of our congregants and helps identify opportunities to involve you.

Temple Kol Shalom Mission Statement

***As a Reform Jewish congregation, Temple Kol Shalom is committed to the three pillars of our faith:***

- ***Torah/ Promotion of lifelong Jewish learning including Sunday School, Youth Group and Adult Education,***
- ***Avodah/Building Community through joyful, spiritually fulfilling worship and celebration of Jewish traditions, and***
- ***G'milut Hasadim/Acts of Loving Kindness that repair the world, beginning in our local community and extending to the State of Israel, the Jewish people and all humanity.***

***We welcome members of all ages, diverse backgrounds, and family configurations who enrich our Jewish community through active participation.***

Our Brit

Our membership brit (partnership) is an ongoing relationship between the synagogue and its members. In order to foster and encourage this relationship, we would like to get to know you, learn what you are seeking from the synagogue, educate you as to what the synagogue can offer you and inform you how you can contribute your time and talents.

Please provide the following information so that we can get to know you better.

**MAILING NAME AND ADDRESS**

Mailing Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/St. \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

**MEMBER #1**

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

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email \_\_\_\_\_

Profession \_\_\_\_\_

Employer \_\_\_\_\_

**RELIGIOUS BACKGROUND**

Reform \_\_\_\_ Conservative \_\_\_\_ Orthodox \_\_\_\_

Bar/Bat Mitzvah: Yes \_\_\_\_ No \_\_\_\_ Confirmation:

Yes \_\_\_\_ No \_\_\_\_ Previous Congregational

Affiliation: \_\_\_\_\_

**MEMBER #2**

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

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email \_\_\_\_\_

Profession \_\_\_\_\_

Employer \_\_\_\_\_

**RELIGIOUS BACKGROUND**

Reform \_\_\_\_ Conservative \_\_\_\_ Orthodox \_\_\_\_ Non-

Jewish \_\_\_\_ Religion Practiced \_\_\_\_\_

Bar/Bat Mitzvah: Yes \_\_\_\_ No \_\_\_\_

Confirmation: Yes \_\_\_\_ No \_\_\_\_

How did you find out about us? \_\_\_\_\_

**CHILDREN**

Name

Birth Date

School Grade

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What are you seeking from synagogue membership? Attach additional sheets if necessary. \_\_\_\_\_

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Things you would like to do, i.e.: chant Torah, teach a class, learn to read Hebrew. \_\_\_\_\_

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Special needs with which you would like assistance. \_\_\_\_\_

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Special skills, talents or hobbies you would be willing to share with the congregation. \_\_\_\_\_

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Is there anything else you would like us to know about you? \_\_\_\_\_

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***VISION***

***Temple Kol Shalom provides a Jewish family in the foothills. As a caring community, we meet diverse needs for Jewish practice and study, spiritual growth and social responsibility.***

Temple Kol Shalom is a small but vibrant Reform Jewish congregation that aspires to follow its vision, creating a rich and meaningful Jewish experience through the support and involvement of all its members.

Please initial the areas that interest you:

Member Member

#1

#2

___	___	Adult Education
___	___	Religious School
___	___	Bar/Bat Mitzvah Training
___	___	Adult Bar/Bat Mitzvah
___	___	Social Action
___	___	Book Club
___	___	Men's group (Brotherhood)
___	___	Women's group (Sisterhood)
___	___	Hospitality (baking, oneg hosting)
___	___	Party planning
___	___	Choir or music
___	___	Board membership
___	___	Lay-leading
___	___	Event or trip planning
___	___	Outdoor recreation
		Specify _____

**Temple Kol Shalom  
Annual Membership Pledge**

The Temple has established a "Fair Share Support Program" and our synagogue relies on your pledge to meet our financial obligations. Your Fair Share is figured on an amount of one percent of your household gross annual income. *(Members who exceed incomes above \$ 120,000/year may apply a 1/2 percent rate for the portion of income above this amount. Seniors and Singles may deduct 20% from dues owed. **No one shall be denied membership based on financial hardship**)*

**ANNUAL PLEDGE OF SUPPORT**

I/We agree that as a member of Temple Kol Shalom to pledge my/our Fair Share Support in the annual amount of:

\$
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Please choose one of the following:

- Full Payment
- Quarterly
- Monthly

Print Name: \_\_\_\_\_.

Signature: \_\_\_\_\_.

Date: \_\_\_\_\_.

***BUILDING FUND PAYMENT FOR THIS YEAR:***  
***(The Congregation has adopted a \$2,000 total obligation per member to be paid over a 10-year period with a minimum payment of \$200 year)***

***I/We plan to pay \$ \_\_\_\_\_ to the building fund this year.***