

Congregation Rodeph Sholom
406 E. 1st Street
P.O. Box 425, Rome, Georgia 30162-0425

MEMBERSHIP APPLICATION (Please Print)

MEMBER 1

MEMBER 2

Mr. Mrs. Ms. Dr.
Last Name: _____

Mr. Mrs. Ms. Dr.
Last Name: _____

First Name: _____

First Name: _____

E-Mail: _____

E-Mail: _____

Birth Date: _____

Birth Date: _____

Religious Status Jewish not Jewish

Religious Status Jewish not Jewish

Hebrew Name: _____

Hebrew Name: _____

Occupation: _____

Occupation: _____

Company: _____

Company: _____

Business Address: _____

Business Address: _____

Business Phone: _____

Business Phone: _____

HOME ADDRESS: _____

_____ HOME TELEPHONE: _____

MARITAL STATUS: Married Widowed Single Divorced Separated

DATE OF MARRIAGE: _____ N/A

FORMER SYNAGOGUE AFFILIATION: _____

SYNAGOGUE POSITIONS HELD

MEMBER 1: _____

MEMBER 2: _____

CHILDREN'S NAMES

MALE/FEMALE

DATE OF BIRTH

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SPECIAL INTERESTS/TALENTS:

MEMBER 1: _____

MEMBER 2: _____

REASONS FOR JOINING RODEPH SHOLOM:

Yahrzeit Information

NAME	MALE/FEMALE	DATE OF DEATH	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FAMILY ANNUAL MEMBERSHIP DUES: \$750 (Minimum)

SINGLE ANNUAL MEMBERSHIP DUES: \$500 (Minimum)

BUILDING FUND: \$50 QUARTERLY

SISTERHOOD DUES: \$18 ANNUALLY

CHUMASH: \$50: (IN MEMORY OR MEMORY OF: _____)

TREES FOR ISRAEL: CONTACT SISTERHOOD

TREE OF LIFE: \$125 PER LEAF ENGRAVED: _____

GENERAL CONTRIBUTIONS AND/OR DONATIONS MAY BE MADE THROUGHOUT THE YEAR

The principle financial obligations of each member are the annual membership dues and building assessment. The meeting of these financial obligations entitles members to all services of Rodeph Sholom Congregation, including High Holiday services and religious school.

All obligations must be kept current at all times.

If, at any time, you need to discuss a financial question regarding your membership, please do not hesitate to call the President or the Treasurer. All financial matters will be treated confidentially.

To the Board of Directors:

I/We hereby apply for membership in Rodeph Sholom Congregation, and if accepted, agree to abide by all rules and regulations deemed necessary for the conduct and operation of the congregation.

Enclosed is my remittance of \$_____ covering dues and building fund for the first three months. Thereafter, I prefer to pay (check one): ___monthly ___Quarterly ___Semi-annually ___Annually

RESPECTFULLY SUBMITTED,

NAME (Signature)

DATE

NAME (Signature)

DATE

Please mail completed application and dues to:

**Rodeph Sholom Congregation
P.O. Box 425
Rome, GA 30162-0425**

OR

**Shelly Peller, Membership Chair
100 Saddle Mountain Road
Rome, GA 30161-6836**