



Temple Hesed
 1 Knox Street (off Lake Scranton Road)
 Scranton, PA 18505
 (570) 344-7201, Fax (570) 344-4514, email temhesed@epix.net

Adult Application Information

#1: Name: _____ Religion: _____
 Employed by: _____ Occupation: _____
 #2: Name: _____ Religion: _____
 Employed by: _____ Occupation: _____

<p style="text-align: center;"><u>Address Information:</u></p> <p>Primary Address: _____ _____ owned _____ _____ rented _____</p> <p><u>Secondary Residence</u> From ___/___/___ To ___/___/___ Address: _____ _____ Telephone: _____</p>	<p style="text-align: center;"><u>Telephone Information:</u></p> <p style="text-align: center;"><u>Applicant 1:</u></p> <p>Work #: _____ Home #: _____ Fax #: _____ Email: _____</p> <p style="text-align: center;"><u>Applicant 2:</u></p> <p>Work #: _____ Home #: _____ Fax #: _____ Email: _____ Other: _____</p>
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Previous Synagogue Affiliation (check here if not previously affiliated)

Name of congregation: _____ City/State: _____
 Years of affiliation: From ___/___/___ to ___/___/___ Tel. #: _____
 Name of Rabbi or Contact person, if known: _____

Dependent Children

Name	Date of Birth	School Attending/Grade
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____

Please use the back of this form to list: dependent and adult children who do not reside with you, and dependent adults living with you.

For Your Information

Temple Hesed welcomes your application as your first step in the process of becoming a member. There are many ways of participating in and affecting management of the Temple. We are a Union for Reform Judaism affiliate, and follow their ground rules of fair share membership dues support level. Fair share is defined as 1 ¼ % of your gross income. Your application will be reviewed by the membership committee. They may call you for further information. Then the finance committee representative will call you to discuss and set your dues level. If you wish, please indicate here what you would consider to be your fair-share level: \$ _____.

Applicant Signatures

Adult #1 _____ Adult #2: _____
 Date: ___/___/___ Date: ___/___/___

Temple Use Only

Received by Membership: ___/___/___	Accepted by Board: ___/___/___
Received by Finance: ___/___/___	Annual Dues Level: ___/___/___