

2025 – 2026 Temple Shir Shalom Membership Form



Member Information				
Adult #1: First Name	Last Name			
Title: Mr. Mrs. Ms. Dr.				
Adult One Cell Phone	Email			
Adult #2: First Name	Last Name			
Title: Mr. Mrs. Ms. Dr.				
Adult Two Cell Phone	Email			
Address	City			
State Zip				
Children's Names – under age 25, living at home				
Home Phone				

Step 1: Circle Your Membership Commitment and Payment Method from the following					
Membership Level	Cash, Check, Bank Auto Pay	Credit card payment additional 3% fee added			
		Master Card, Visa, Discover only			
Mitzvah Legacy	\$3600	\$3708			
Mitzvah Gold	\$2200	\$2266			
Mitzvah Silver	\$1818	\$1873			
Family - must have a family membership if children are attending MAGAL	\$1495	\$1540			
Adult Couple – at least one under 65, no children over 25 at home	\$1036	\$1067			
Senior Couple - Both over 65	\$818	\$843			
Single Adult	\$818	\$843			
Senior Adult — over 65, no children over 25 at home	\$468	\$482			
Young Single - age 26-30	\$468	\$482			
Full-time college student with valid ID No Charge					

All TSS credit card transactions are subject to a 3% convenience fee

*NEW *- Security Assessment - \$85.00 will be added to your Membership Commitment to be paid in Quarter 1, July - September 2025

	rsnip Commitment –	>				
Please ente	er amount corresponding to abo					
Security Assessment				\$85.00		
Building Fund - ** NEW MEMBERS ONLY complete this section **				\$		
Family men	nbership is \$1,000. Single and s					
It may be p	ayable over 4 years.					
	Pay in full					
Family	O \$1000	Pay over 2 years \$500	Pay over 4 years \$250			
Single/Se		O \$250	O \$125			
Please c	onsider donating above	\$				
TSS grov	v.					
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YES, I would like to be a MENSCH and donate above my Pledge commitment.						
Total Commitment Amount for the 2025-2026 year				\$		
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	Step 3: Select your					
0	Annual – Paid in full July 2025					
0	Semi Annual – Paid July 1 st and January 1st					
0	Quarterly – Paid July 1 st , October 1 st , January 1 st , April 1st					
Adult #1:						
Print Name		Sig	nature	Date		

Step 2: Calculate your Commitment Total

Adult #2: ___

Print Name

Make checks payable to Temple Shir Shalom. Please mail this completed form and commitment payment to:

Temple Shir Shalom Attention: Membership P.O. Box 623182 Oviedo, FL 32762-3182

Signature

Date

No one will be denied Temple Membership due to their financial status. Members requesting financial assistance must request and submit a Financial Assistance Form. All requests will be treated confidentially and require approval by the President/Co-President and Treasurer of Temple Shir Shalom.

To request a form or for any questions, send an email to Treasurer@templeshirshalom.org