



Come **experience**  
**Temple Shalom**  
through our

Gift of  
Membership  
Program

2017-2018

**Temple Shalom**

8401 Grubb Road, Chevy Chase, MD 20815

(301) 587-2273 [www.templeshalom.net/membership](http://www.templeshalom.net/membership)



Temple Shalom

## Gift of Membership Program – 2017-2018

We want to make joining Temple Shalom easy. Temple Shalom welcomes you to come spend some time with us by becoming a member this year with no membership dues and feel the difference it makes to belong to the Temple Shalom family.

### The Gift of Membership Program

- Free one year membership to Temple Shalom (through June 2018) with all accompanying member privileges.
- Tickets to High Holy Day services.
- Membership rates for Religious School and Hebrew School fees.
- The opportunity to take time and get to know Temple Shalom.

### Participate in the Gift of Membership Program

- I. Fill out a Membership Form. Find our membership form online at [www.templeshalom.net/membership](http://www.templeshalom.net/membership), request one by email to [membership@templeshalom.net](mailto:membership@templeshalom.net), receive one by mail by returning the form to the right to Temple Shalom, or call the Temple office at (301) 587-2273.
- II. Please attend at least three events or programs throughout the year through June 2016 to experience Temple Shalom.

### Other Things You Should Know

- Gift of Membership Program is valid from July 1, 2017-June 30, 2018.
- Parents of students entering Religious School in 4<sup>th</sup> grade or above need to meet with Rabbi-Educator Rabbi Rachel Ackerman to discuss placement. Contact her at [rabiackerman@templeshalom.net](mailto:rabiackerman@templeshalom.net).

For more information, contact Leslie Rubin, Membership Chair, at [membership@templeshalom.net](mailto:membership@templeshalom.net).

**Temple Shalom is a member of the Union for Reform Judaism**

Please send me information about Temple Shalom's  
**Gift of Membership Program**

Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Please Print Clearly