

Congregation Sha'arey Israel

Application for Membership

Welcome to Congregation Sha'arey Israel. When you join our synagogue, we want you to be able to quickly take advantage of programs and services that appeal to you. Knowing about you will help us inform you of these activities. Information that you share with us is used for administrative purposes and is completely confidential.

Date _____

I am applying for:

Single Membership Family Membership

Adult #1

Adult #2

Your name	Spouse/Partner's name
Circle one: Mr. /Mrs. /Miss /Ms. /Dr.	Circle one: Mr. /Mrs. /Miss /Ms./Dr.
Date of Birth	Date of Birth
Circle one: Married /Single /Partner/Divorced /Widow (er)	Circle one: Married /Single /Partner/Divorced /Widow (er)
If married, your anniversary date and year:	
Hebrew Names: Yours Your Mother's Your Father's	Hebrew Names: Yours Your Mother's Your Father's
Circle one: Kohen /Levi /Yisrael /not sure	Circle one: Kohen /Levi /Yisrael /not sure

Mailing Address: _____

City _____ State _____ Zip _____

Phone _____ Email _____ Cell _____

Spouse/Partner Phone _____ Email _____

Cell _____

Is it correct to assume that both adults are Jewish? yes no

If not, please indicate which *is* Jewish

Adult #1

Adult #2

Occupation	Occupation
Business Name	Business Name
Business Phone	Business Phone
Business Address	Business Address
City/State/Zip	City/State/Zip

Prior Synagogue Affiliations (name of congregation, city, state)

Children living at home/college students

Name	Hebrew Name (Hebrew or transliteration)	M or F	Birthdate

Married/independent children

Name	Hebrew Name (Hebrew or transliteration)	M or F	Birthdate

Will your children be attending our religious school? _____ yes _____ no

Yahrzeit: We will notify you every year of the dates that significant relatives of yours have died. Please list such relatives here. If you do not know the Hebrew date, we can figure it out for you.

Name	Hebrew Name	Relation	English date of death	Time of death	Hebrew date

Do you currently own cemetery plots? _____ yes _____ no If yes, where? _____

Do you wish to discuss purchasing plots in our cemetery at this time? _____ yes _____ no

The more you are involved in synagogue life, the more you will benefit from your membership. Therefore we urge you to explore some of these activities. Please check all that interest you so that we may contact you with appropriate information.

Adult #1 (name)

<input type="checkbox"/> Adult Education	<input type="checkbox"/> Religious School	<input type="checkbox"/> Choir	<input type="checkbox"/> Library
<input type="checkbox"/> Social Action	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Music	<input type="checkbox"/> Chevra Kadisha
<input type="checkbox"/> Budget	<input type="checkbox"/> Adult B'nai Mitzvah	<input type="checkbox"/> Families with Young Children	
<input type="checkbox"/> Other areas of interest? _____			

Adult #2 (name)

<input type="checkbox"/> Adult Education	<input type="checkbox"/> Religious School	<input type="checkbox"/> Choir	<input type="checkbox"/> Library
<input type="checkbox"/> Social Action	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Music	<input type="checkbox"/> Chevra Kadisha
<input type="checkbox"/> Budget	<input type="checkbox"/> Adult B'nai Mitzvah	<input type="checkbox"/> Families with Young Children	
<input type="checkbox"/> Other areas of interest? _____			

Do you have a talent/skill that you would like to share with the synagogue community? Please circle the skills that you can volunteer:

Adult #1 (name)

<input type="checkbox"/> Teaching	<input type="checkbox"/> Marketing/PR	<input type="checkbox"/> Writing	<input type="checkbox"/> Ushering
<input type="checkbox"/> Website Skills	<input type="checkbox"/> Desktop Publishing	<input type="checkbox"/> Photography	<input type="checkbox"/> Finance
<input type="checkbox"/> Leading Services	<input type="checkbox"/> Chanting Torah	<input type="checkbox"/> <i>Haftarah</i>	<input type="checkbox"/> <i>Megilot</i>
<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Leadership	<input type="checkbox"/> Other	

Adult #2 (name)

<input type="checkbox"/> Teaching	<input type="checkbox"/> Marketing/PR	<input type="checkbox"/> Writing	<input type="checkbox"/> Ushering
<input type="checkbox"/> Website Skills	<input type="checkbox"/> Desktop Publishing	<input type="checkbox"/> Photography	<input type="checkbox"/> Finance
<input type="checkbox"/> Leading Services	<input type="checkbox"/> Chanting Torah	<input type="checkbox"/> <i>Haftarah</i>	<input type="checkbox"/> <i>Megilot</i>
<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Leadership	<input type="checkbox"/> Other	

Are there any special needs in your family of which we should be aware?

What are your expectations of synagogue affiliation?

Membership dues allow Congregation Sha'arey Israel to maintain the quality of our congregation's many activities and are fully tax deductible. For the purpose of establishing a dues structure that reflects your family's comfort level without being burdensome, we ask:

Annual Household Income 0 - \$40K \$40K - \$75K \$75K - \$125K +\$125K

Members of Congregation Sha'arey Israel assume the following financial obligations:

1. Synagogue dues paid in installments as agreed upon in conjunction with the Treasurer.
2. A Capital Fund assessment of 20% of monthly dues.
3. An annual per capita charge for membership in the United Synagogue of Conservative Judaism, billed each July first.

I/we hereby apply for membership in Congregation Sha'arey Israel synagogue and agree to abide by its Constitution and By Laws.

Signature _____ Date _____

Signature of spouse or partner _____ Date _____

- - - - - For Office Use Only - - - - -

Date Application Received _____

Date Dues Structure Established _____ **Amount** _____

Membership Approved by Board _____ Yes _____ No _____ Date of Approval _____

Notes:

After completing the form, please email it to secretary@csimacon.org