



## Membership Application Form

Welcome! We are very pleased that you have chosen to become a member of Shaarei Tikvah. Completing this application will help us get to know you and your family, so we can welcome you into our *kehillat kodesh*, a “holy congregation.”

### GLAD TO MEET YOU

#### **Adult #1**

Dr. ; Mr. ; Mrs. ; Ms. ; Other \_\_\_\_\_

First Name \_\_\_\_\_ Nickname? \_\_\_\_\_

Middle /Maiden Name \_\_\_\_\_

Last Name \_\_\_\_\_

Hebrew name \_\_\_\_\_

Birth date \_\_\_\_\_

**Email address** \_\_\_\_\_

Cell phone number \_\_\_\_\_

Married: Anniversary \_\_\_\_\_;  Single;  Separated;  Divorced;  Widowed;  Partnered

#### **Adult #2**

Dr. ; Mr. ; Mrs. ; Ms. ; Other \_\_\_\_\_

First Name \_\_\_\_\_ Nickname? \_\_\_\_\_

Middle /Maiden Name \_\_\_\_\_

Last Name \_\_\_\_\_

Birth date \_\_\_\_\_

Hebrew name \_\_\_\_\_

Email address \_\_\_\_\_

Cell phone number \_\_\_\_\_

### HOME INFORMATION

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

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

Home Phone #1 \_\_\_\_\_ Home phone #2 \_\_\_\_\_ Home Fax \_\_\_\_\_

Seasonal Address \_\_\_\_\_

At seasonal address from when to when?  
\_\_\_\_\_

### BUSINESS INFORMATION

#### **Adult #1**

Position/Title \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

#### **Adult #2**

Position/Title \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

### JEWISH GEOGRAPHY

How long have you been an area resident? \_\_\_\_\_

From where did you move? \_\_\_\_\_

Present or former synagogue affiliation? \_\_\_\_\_ in \_\_\_\_\_

What is your original hometown? \_\_\_\_\_ / \_\_\_\_\_

Emergency contact information: (Name, telephone number, address and relationship)  
\_\_\_\_\_

**YOUR CHILDREN**

	<b>Child 1</b>	<b>Child 2</b>	<b>Child 3</b>	<b>Child 4</b>
First name				
Nickname				
Middle name				
Last name				
Hebrew name				
Gender				
Date of birth				
Lives at home?	<input type="checkbox"/> Yes; <input type="checkbox"/> No	<input type="checkbox"/> Yes; <input type="checkbox"/> No	<input type="checkbox"/> Yes; <input type="checkbox"/> No	<input type="checkbox"/> Yes; <input type="checkbox"/> No
Married?	<input type="checkbox"/> Yes; <input type="checkbox"/> No	<input type="checkbox"/> Yes; <input type="checkbox"/> No	<input type="checkbox"/> Yes; <input type="checkbox"/> No	<input type="checkbox"/> Yes; <input type="checkbox"/> No
Bar/Bat Mitzvah	<input type="checkbox"/> Yes; <input type="checkbox"/> No Date:	<input type="checkbox"/> Yes; <input type="checkbox"/> No Date:	<input type="checkbox"/> Yes; <input type="checkbox"/> No Date:	<input type="checkbox"/> Yes; <input type="checkbox"/> No Date:
Current School				
Current Grade				
Synagogue Youth Group Member?	<input type="checkbox"/> Yes; <input type="checkbox"/> No	<input type="checkbox"/> Yes; <input type="checkbox"/> No	<input type="checkbox"/> Yes; <input type="checkbox"/> No	<input type="checkbox"/> Yes; <input type="checkbox"/> No

**OTHER FAMILY MEMBERS**

Do you have any relatives at Shaarei Tikvah? Please tell us their names and how you're related:

\_\_\_\_\_

**Adult #1 - Parents**

Father's name \_\_\_\_\_  
 Living;  Deceased - Date of death \_\_\_\_\_  
 His Hebrew name \_\_\_\_\_  
 Mother's name \_\_\_\_\_  
 Living;  Deceased - Date of death \_\_\_\_\_  
 Her Hebrew name \_\_\_\_\_

**Adult #2 - Parents**

Father's name \_\_\_\_\_  
 Living;  Deceased - Date of death \_\_\_\_\_  
 His Hebrew name \_\_\_\_\_  
 Mother's name \_\_\_\_\_  
 Living;  Deceased - Date of death \_\_\_\_\_  
 Her Hebrew name \_\_\_\_\_

**Yahrzeit Observance**

Please list the names and other pertinent information for those you wish remembered.

	<b>Adult #1</b>		<b>Adult #2</b>	
	1.	2.	1.	2.
First name of departed				
Last name of departed				
Hebrew name				
Relationship				
Civil date of death				
Time of death				

For additional family members, please attach a separate sheet.

Do you own a cemetery plot?  No;  Yes – Where? \_\_\_\_\_

**MAKING A CONNECTION – BECOME PART OF OUR SHAAREI TIKVAH FAMILY**

How did you learn about Shaarei Tikvah?

- Read about it in the paper  Saw an ad;  Website search;  Friends belong;  Saw the building
- Know about it from living in the community;  Other

Tell us why you came to Shaarei Tikvah (check all that apply):

- Worship Services;  Religious School;  Shaarei Tikvah Clergy;  Special Programs/Activities;
- Referred by: \_\_\_\_\_;  Other reason \_\_\_\_\_

Which congregational activities or volunteer opportunities might interest you or other members of your family?

- Adult Bat Mitzvah  Adult education  Baby Sitting
- Bikur Cholim  Building Committee  Brotherhood
- Bulletin (The Gateway)  Cemetery Committee  Early Childhood Committee
- Fundraising  Finance  Gift shop
- Library  Membership  Programming
- Music/Concert Committee  Office volunteer  Ritual committee
- PTA/School Board  Publicity  Social Action
- Religious School  Sisterhood  Usher
- Torah reader  Lead services  Other
- Youth group volunteer  Other \_\_\_\_\_

List any special skills or talents you would like to share with us: \_\_\_\_\_

**PLEASE SHARE YOUR RELIGIOUS BACKGROUND**

**Adult #1:**

*In what religious tradition were you raised?*

- Conservative;  Reform;  Orthodox;  Secular;  non-Jewish;  none

*Are you a:*  Kohen;  Levite;  Israelite?

*Full Hebrew name (including parents):* \_\_\_\_\_

*If you were not raised Jewish, are you a:*  Jew by choice – Conversion date: \_\_\_\_\_

Other: \_\_\_\_\_

*Did your Jewish education include a:*

- Bar/Bat Mitzvah? Date \_\_\_\_\_;  Confirmation? Date \_\_\_\_\_

*Can you read Hebrew?*  Yes;  No *Can you recite the Brachot for the Torah?*  Yes;  No

*Can you read Torah?*  Yes;  No *Can you chant a Haftarah?*  Yes;  No

*Can you lead a Daily Service?*  Yes;  No

**Adult #2:**

*In what religious tradition were you raised?*

- Conservative;  Reform;  Orthodox;  Secular;  non-Jewish;  none

*Are you a:*  Kohen;  Levite;  Israelite?

*Full Hebrew name (including parents):* \_\_\_\_\_

*If you were not raised Jewish, are you a:*  Jew by choice – Conversion date: \_\_\_\_\_

Other: \_\_\_\_\_

*Did your Jewish education include a:*

- Bar/Bat Mitzvah? Date \_\_\_\_\_;  Confirmation? Date \_\_\_\_\_

*Can you read Hebrew?*  Yes;  No *Can you recite the Brachot for the Torah?*  Yes;  No

*Can you read Torah?*  Yes;  No *Can you chant a Haftarah?*  Yes;  No

*Can you lead a Daily Service?*  Yes;  No

**THE FINE PRINT**

I / We hereby make application for membership in Shaarei Tikvah and agree to abide by its Constitution and By-Laws, and such regulations as authorized by the Board of Directors now in effect and those hereafter adopted for the conduct and support of the Congregation.

I / We agree to contribute the annual membership dues, mortgage assessment fees and other fees as approved by the Congregation. Enclosed is a check for \$\_\_\_\_\_ for our first year's dues. Our membership category is

- Household Membership
- Individual Membership
- Single Parent Household Membership
- Young Household Membership

Signature Adult #1	Name printed	Date
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Signature Adult #2	Name printed	Date
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*Thank you.*

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For Office Use Only

Application received on \_\_\_\_/\_\_\_\_/\_\_\_\_. Approved on \_\_\_\_/\_\_\_\_/\_\_\_\_.

Dues code \_\_\_\_\_