



TEMPLE SHA'AREY SHALOM
MEMBERSHIP APPLICATION
871 Mountain Avenue
Springfield, New Jersey 07081
www.shaarey.org **973-379-5387**

Application date _____

Welcome! We are delighted you have chosen to become part of our community. We hope that you will find membership an enriching experience and encourage you to explore the diverse opportunities for Jewish expression that our synagogue offers. Please call upon our clergy, staff, and lay leaders whenever we can assist you in becoming part of our temple family. All information in this application will be treated confidentially. Please call our office at **973-379-5387** if you have any questions at all or need assistance in filling out this application.

Personal Information		
	ADULT APPLICANT 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	ADULT APPLICANT 2 <input type="checkbox"/> Male <input type="checkbox"/> Female
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____
Full Name		
Hebrew Name		
Personal Status	<input type="checkbox"/> Single <input type="checkbox"/> Married _____(date) <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____	<input type="checkbox"/> Single <input type="checkbox"/> Married _____(date) <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____
Date of Birth		
Special Accommodations needed	<input type="checkbox"/> Visual impairment (large print prayer book) <input type="checkbox"/> Auditory impairment (assisted hearing devices) <input type="checkbox"/> Physically challenged <input type="checkbox"/> Other _____	<input type="checkbox"/> Visual impairment (large print prayer book) <input type="checkbox"/> Auditory impairment (assisted hearing devices) <input type="checkbox"/> Physically challenged <input type="checkbox"/> Other _____

Contact Information

How would you like your name(s) to appear on Temple mailings? We will do our best to accommodate your request within system capabilities.

Name(s): _____

Home address: _____

City: _____ State: _____ Zip: _____

Phone: (primary) _____ Cell: _____

Work Phone 1: _____ Work Phone 2: _____

Email 1: _____ Email 2: _____

I would like to receive temple communications via email.

I would like to receive temple communications via email.

Who shall we contact in case of an emergency?

Name _____ Relationship _____ Phone _____

Religious Background

	Adult Applicant 1	Adult Applicant 2
Religious background in which you were raised	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Other _____ <input type="checkbox"/> Jewish unaffiliated	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Other _____ <input type="checkbox"/> Jewish unaffiliated
If you became Jewish as an adult Date, Congregation, City		
Congregation most recently or currently affiliated with, if applicable		
Please list any relatives who are members here		

Business Information

	Adult Applicant 1	Adult Applicant 2
Occupation/Title		
Employer		
Address		
City, State, Zip		
Business Phone		
Retired		

Yahrzeit Information

Name	Family Relationship		Date of death Before/after sundown
	Applicant 1	Applicant 2	

Would you like to observe the English date _____ Hebrew date _____

Please attach additional pages if necessary.

Children's Information

	Child 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 2 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 3 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 4 <input type="checkbox"/> Male <input type="checkbox"/> Female
First name				
Last name (if different)				
Hebrew name (if known)				
Birth date (and grade if applicable)				
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered
Is this child being raised in the Jewish faith?	<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
Will this child be attending Religious School here?	<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
If previously attended Religious School, list Congregation and City				

If you have more than four children, please attach an additional page.

Opportunity for Participation

At Temple Sha'arey Shalom, we believe that joining a congregation is a spiritual and emotional commitment. We encourage all congregants to become involved in all aspects of life in our congregational community. In furthering this ideal, we request that upon signing this application you commit to participate in congregational life. Please indicate which of these areas interest you by checking the appropriate box or boxes. Your participation will help strengthen the community and will make your temple experience more meaningful. You will be contacted by a congregation member with more information.

- | | | |
|---|---|--|
| <input type="checkbox"/> Adult Learning | <input type="checkbox"/> Holiday Celebrations and Onegs | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Budget and Finance | <input type="checkbox"/> Assisting with office work | <input type="checkbox"/> Informal Youth Activities |
| <input type="checkbox"/> Social Action & Mitzvah Projects | <input type="checkbox"/> Religious School Activities & projects | <input type="checkbox"/> Library |
| <input type="checkbox"/> Communications & Publicity | <input type="checkbox"/> Renaissance- Senior Social Group | <input type="checkbox"/> Caring committee |
| <input type="checkbox"/> Maintenance & Building Repair | <input type="checkbox"/> Sisterhood- Women's Social Group | |
| <input type="checkbox"/> Music – Choir | <input type="checkbox"/> Brotherhood- Men's Social Group | |

Talent and Interest Survey

- Cooking Music Painting Gardening Electrical Public Relations Israeli Dancing
 Plumbing Baking Driving Carpentry Sewing/Needlework Art Travel
 Other _____

What are your passions? What are your interests?

Dues and Payment Information

Membership Category: _____

Annual Dues: \$ _____

Referred by Temple member: _____

Building Fund: \$1,500 payable over 5 years. Can be waived if a Building Fund commitment has been previously satisfied.

Please consult with the Temple Director of Finance for complete information.



ANNUAL DUES AND TUITION, (IF APPLICABLE) AND BUILDING FUND PAYMENTS: 60% OF TOTAL AMOUNT TO BE RECEIVED PRIOR TO HIGH HOLIDAYS. FOR OTHER PAYMENT OPTIONS, PLEASE CONSULT WITH TEMPLE DIRECTOR OF FINANCE.

PAYMENT OF BUILDING FUND MUST BE COMPLETED AND ANNUAL DUES AND TUITION BROUGHT CURRENT BEFORE A CHILD BECOMES BAR/BAT MITZVAH

PAYMENT OF DUES CAN BE PAID BY ZELLE

FOR CREDIT CARD PAYMENTS, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Name on card: _____

Type of Credit Card: Master Card/Visa

Account Number _____
(a 3.5% processing fee will be added for each transaction)

Expiration Date ____/____/____

CVV # (3 digit number from back of card) _____

Please accept my membership in Temple Sha'arey Shalom and my pledge to pay Annual dues (and tuition if applicable) and Building Fund commitment as set forth above. I/We understand that, if I/We wish to resign as a member of Temple Sha'arey Shalom, I/We must do so by notifying the Temple in writing. I/We understand that I/We will be responsible for any dues, Building Fund or other obligations accrued prior to resignation.

Applicant 1: Signature _____ Date _____

Applicant 2: Signature _____ Date _____

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Amount of payment received with application: \$ _____

Dues _____ Building Fund: _____ Religious School _____

Payment made by CHECK _____ CREDIT CARD _____

Special Billing Arrangements: _____