

Children (please attach another page, if necessary)

_____ Name	_____ Name	_____ Name	_____ Name
_____ Birth date	_____ Birth date	_____ Birth date	_____ Birth date
_____ Hebrew name	_____ Hebrew name	_____ Hebrew name	_____ Hebrew name
_____ Grade	_____ Grade	_____ Grade	_____ Grade
_____ School	_____ School	_____ School	_____ School
_____ Bar/bat mitzvah date and parsha	_____ Bar/bat mitzvah date and parsha	_____ Bar/bat mitzvah date and parsha	_____ Bar/bat mitzvah date and parsha
_____ Spouse/Partner's name	_____ Spouse/Partner's name	_____ Spouse/Partner's name	_____ Spouse/Partner's name
_____ Wedding date	_____ Wedding date	_____ Wedding date	_____ Wedding date
_____ City of residence	_____ City of residence	_____ City of residence	_____ City of residence

Areas of Interest

Our community thrives because our members tend to be actively involved in the life of our synagogue. Please let us know how you'd like to get involved. Here are some of our most popular volunteer opportunities – we hope you'll select a few!

<p>Adult 1</p> <input type="checkbox"/> Teaching an adult education course <input type="checkbox"/> Leading an adult education Lunch & Learn <input type="checkbox"/> Leading a Shabbat service <input type="checkbox"/> Reading Torah <input type="checkbox"/> Chanting Haftarah <input type="checkbox"/> Giving a d'var Torah <input type="checkbox"/> Budget/Finance <input type="checkbox"/> Membership activities <input type="checkbox"/> Education activities <input type="checkbox"/> Event planning <input type="checkbox"/> Development activities <input type="checkbox"/> Marketing activities <input type="checkbox"/> Sisterhood <input type="checkbox"/> Men's Club <input type="checkbox"/> Mitzvah Corps <input type="checkbox"/> Office/clerical assistance <input type="checkbox"/> Synaplex <input type="checkbox"/> Face to Face (Holocaust education) <input type="checkbox"/> Home hospitality <input type="checkbox"/> Other (please specify):	<p>Adult 2</p> <input type="checkbox"/> Teaching an adult education course <input type="checkbox"/> Leading an adult education Lunch & Learn <input type="checkbox"/> Leading a Shabbat service <input type="checkbox"/> Reading Torah <input type="checkbox"/> Chanting Haftarah <input type="checkbox"/> Giving a d'var Torah <input type="checkbox"/> Budget/Finance <input type="checkbox"/> Membership activities <input type="checkbox"/> Education activities <input type="checkbox"/> Event planning <input type="checkbox"/> Development activities <input type="checkbox"/> Marketing activities <input type="checkbox"/> Sisterhood <input type="checkbox"/> Men's Club <input type="checkbox"/> Mitzvah Corps <input type="checkbox"/> Office/clerical assistance <input type="checkbox"/> Synaplex <input type="checkbox"/> Face to Face (Holocaust education) <input type="checkbox"/> Home hospitality <input type="checkbox"/> Other (please specify):	<p>Children (specify name)</p> <input type="checkbox"/> Teaching an adult education course <input type="checkbox"/> Leading an adult education Lunch & Learn <input type="checkbox"/> Leading a Shabbat service <input type="checkbox"/> Reading Torah <input type="checkbox"/> Chanting Haftarah <input type="checkbox"/> Giving a d'var Torah <input type="checkbox"/> Budget/Finance <input type="checkbox"/> Membership activities <input type="checkbox"/> Education activities <input type="checkbox"/> Event planning <input type="checkbox"/> Development activities <input type="checkbox"/> Marketing activities <input type="checkbox"/> Sisterhood <input type="checkbox"/> Men's Club <input type="checkbox"/> Mitzvah Corps <input type="checkbox"/> Office/clerical assistance <input type="checkbox"/> Synaplex <input type="checkbox"/> Face to Face (Holocaust education) <input type="checkbox"/> Home hospitality <input type="checkbox"/> Other (please specify):
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Yahrzeits (please attach another page, if necessary)

_____	_____	_____	_____
First name	First name	First name	First name
_____	_____	_____	_____
Last name	Last name	Last name	Last name
_____	_____	_____	_____
Hebrew name	Hebrew name	Hebrew name	Hebrew name
_____	_____	_____	_____
Relationship	Relationship	Relationship	Relationship
_____	_____	_____	_____
Date of death	Date of death	Date of death	Date of death
_____	_____	_____	_____
Hebrew date of death	Hebrew date of death	Hebrew date of death	Hebrew date of death

Membership Agreement

I/We hereby apply for membership in Congregation Shaarey Tikvah. I promise to abide by all the rules and regulations of the congregation and to maintain my membership in good standing. Should we choose to discontinue our membership at any time, we will notify Roz Stone, Interim Executive Director, in writing.

Adult 1	Adult 2
_____	_____
Signature	Signature
_____	_____
Date	Date

A check for 25% of your annual dues must accompany this application. Congregation Shaarey Tikvah's fiscal year is July 1 – June 30, so please contact our Executive Director for pro-rated membership terms if you are joining in the middle of the year. Please also be sure to inquire about discounted membership rates for individuals and families under 40 years old.