



**Congregation Shaarey Tikvah**  
 26811 Fairmount Blvd., Beachwood, Ohio 44122  
 Phone: 216.765.8300 Fax: 216.765.0149  
 www.shaareytikvah.org

**MEMBERSHIP APPLICATION**

We are thrilled that you have decided to join the Shaarey Tikvah community!  
 In order to properly welcome you, please provide us with the following information. Should you have questions,  
 please contact our Executive Director, Martha Sivertson, at [martha@shaareytikvah.org](mailto:martha@shaareytikvah.org) or extension 101.

<b>Adult 1</b>	<b>Adult 2</b>
_____	_____
First Name (Nickname)/Last Name	First Name (Nickname)/Last Name
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____
Birth date	Birth date
_____	_____
Email	Email
_____	_____
Home/Cell phone	Home/Cell phone
_____	_____
Business phone	Business phone
_____	_____
Occupation	Occupation
_____	_____
Hebrew name	Hebrew name
_____	_____
Father's Hebrew name	Father's Hebrew name
_____	_____
Mother's Hebrew name	Mother's Hebrew name
_____	_____
Bar/bat mitzvah date and parsha	Bar/bat mitzvah date and parsha
<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Israel <input type="checkbox"/> Not Jewish	<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Israel <input type="checkbox"/> Not Jewish

**Family Information**

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, Zip Home Phone

\_\_\_\_\_

Reasons for joining Congregation Shaarey Tikvah

\_\_\_\_\_

Additional synagogue affiliation (if any) / Membership in good standing?  Yes  No

\_\_\_\_\_

Former synagogue affiliation (if any) and date resigned. Membership in good standing?  Yes  No

\_\_\_\_\_

Wedding date, city, and officiating Rabbi, if relevant

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**Children (please attach another page, if necessary)**

Name _____ Birth date _____ Hebrew name _____ Grade _____ School _____ Bar/bat mitzvah date and parsha _____ Spouse/Partner's name _____ Wedding date _____ City of residence _____	Name _____ Birth date _____ Hebrew name _____ Grade _____ School _____ Bar/bat mitzvah date and parsha _____ Spouse/Partner's name _____ Wedding date _____ City of residence _____	Name _____ Birth date _____ Hebrew name _____ Grade _____ School _____ Bar/bat mitzvah date and parsha _____ Spouse/Partner's name _____ Wedding date _____ City of residence _____	Name _____ Birth date _____ Hebrew name _____ Grade _____ School _____ Bar/bat mitzvah date and parsha _____ Spouse/Partner's name _____ Wedding date _____ City of residence _____
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**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><b>Adult 1</b></p> <input type="checkbox"/> Cooking/Baking <input type="checkbox"/> Leading an adult education program <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"/> Fundraising <input type="checkbox"/> Sisterhood <input type="checkbox"/> Men's Club <input type="checkbox"/> Mitzvah Corps <input type="checkbox"/> Office/clerical assistance <input type="checkbox"/> Face to Face (Holocaust education) <input type="checkbox"/> Home hospitality <input type="checkbox"/> Usher/Greeter <input type="checkbox"/> Handy Person <input type="checkbox"/> Other (please specify): _____	<p><b>Adult 2</b></p> <input type="checkbox"/> Cooking/Baking <input type="checkbox"/> Leading an adult education program <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"/> Fundraising <input type="checkbox"/> Sisterhood <input type="checkbox"/> Men's Club <input type="checkbox"/> Mitzvah Corps <input type="checkbox"/> Office/clerical assistance <input type="checkbox"/> Face to Face (Holocaust education) <input type="checkbox"/> Home hospitality <input type="checkbox"/> Usher/Greeter <input type="checkbox"/> Handy Person <input type="checkbox"/> Other (please specify): _____	<p><b>Children (name) _____</b></p> <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"/> Babysitting <input type="checkbox"/> USY/Kadima <input type="checkbox"/> Usher/Greeter <p><b>Children (name) _____</b></p> <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"/> Babysitting <input type="checkbox"/> USY/Kadima <input type="checkbox"/> Usher/Greeter <p><b>Children (name) _____</b></p> <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"/> Babysitting <input type="checkbox"/> USY/Kadima <input type="checkbox"/> Usher/Greeter
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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 Martha Sivertson, Executive Director, in writing.

<b>Adult 1</b>	<b>Adult 2</b>
_____	_____
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.