



# MEMBERSHIP APPLICATION

Welcome to Congregation Sha'aray Shalom. 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 Sha'aray Shalom 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 **781-749-8103** if you have any questions at all or need assistance in filling out this application.

## Individual Information

Application date: _____	<b>ADULT APPLICANT 1</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>ADULT APPLICANT 2</b> <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		
By what first name to you wish to be addressed (if different from above)?		
Personal Status	<input type="checkbox"/> Single <input type="checkbox"/> Married _____(date) <input type="checkbox"/> Other _____	<input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Hebrew Name (if known)		
Date of Birth		
Birthplace		
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 _____
Community Affiliations		

## Family 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: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone 1: \_\_\_\_\_ Cell Phone 2: \_\_\_\_\_

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

**Our primary communication is by email.**

I do not want to receive temple communications via email.

I do not want to receive temple communications via email.

## 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		
Bar/Bat Mitzvah (if applicable) Date, Congregation, City		
Confirmation (if applicable) Date, Congregation, City		
Congregation most recently or currently affiliated with		
Please list any relatives who are Congregation Sha'aray Shalom members		

## Business Information

	Adult Applicant 1	Adult Applicant 2
Occupation/Title		
Area of specialization		
Employer		
Address		
City, State, Zip		
Business Phone		
Business Fax		
Business Email		

## Yahrzeit Information

Name	Date of death Before/After sundown	Family Relationship

Please attach a separate sheet for additional names.

Request information on memorial plaque at Congregation Sha'aray Shalom

## Children's Information

	<b>Child 1</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Child 2</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Child 3</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Child 4</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
First and middle name				
Last name (if different)				
Hebrew name (if known)				
Birth date (and grade if applicable)				
Address (if not living with you)				
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 at CSS?	<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: Date, Congregation, City				
Confirmation: Date, Congregation, City				
If previously attended Religious School, list Congregation and City				

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

## Emergency Contact Information

Adult 1 Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dr. Name & Phone: \_\_\_\_\_

Health Care Proxy: \_\_\_\_\_

Adult 2 Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dr. Name & Phone: \_\_\_\_\_

Health Care Proxy: \_\_\_\_\_

## Opportunity for Participation

At Congregation Sha'aray Shalom we believe that joining a congregation is a spiritual and emotional commitment. A congregation does not work with dues or donations alone. You are who makes our community vibrant and welcoming. 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.

- |  |  |   |
|--|--|---|
| A1 A2  | A1 A2  | A1 A2   |
| <input type="checkbox"/> <input type="checkbox"/> Adult Learning                   | <input type="checkbox"/> <input type="checkbox"/> Holiday Celebrations and/or decoration | <input type="checkbox"/> <input type="checkbox"/> Religious School Activities |
| <input type="checkbox"/> <input type="checkbox"/> Budget and Finance               | <input type="checkbox"/> <input type="checkbox"/> Assisting with office work             | <input type="checkbox"/> <input type="checkbox"/> Informal Youth Activities   |
| <input type="checkbox"/> <input type="checkbox"/> Social Action & Mitzvah Projects | <input type="checkbox"/> <input type="checkbox"/> Computer & Technical Expertise         | <input type="checkbox"/> <input type="checkbox"/> Library                     |
| <input type="checkbox"/> <input type="checkbox"/> Communications & Publicity       | <input type="checkbox"/> <input type="checkbox"/> Visiting the Sick and Bereaved         | <input type="checkbox"/> <input type="checkbox"/> Bulletin Writing, Editing   |
| <input type="checkbox"/> <input type="checkbox"/> Maintenance & Building Repair    | <input type="checkbox"/> <input type="checkbox"/> Sisterhood                             | <input type="checkbox"/> <input type="checkbox"/> Fund Raising                |
| <input type="checkbox"/> <input type="checkbox"/> Music – Choir or Band            |  |   |

## Talent and Interest Survey

- |  |  |  |   |   |  |   |
|--|--|--|---|---|--|---|
| A1 A2  | A1 A2  | A1 A2  | A1 A2   | A1 A2   | A1 A2  | A1 A2   |
| <input type="checkbox"/> <input type="checkbox"/> Cooking  | <input type="checkbox"/> <input type="checkbox"/> Music  | <input type="checkbox"/> <input type="checkbox"/> Painting | <input type="checkbox"/> <input type="checkbox"/> Gardening | <input type="checkbox"/> <input type="checkbox"/> Electrical        | <input type="checkbox"/> <input type="checkbox"/> Public Relations | <input type="checkbox"/> <input type="checkbox"/> Israeli Dancing |
| <input type="checkbox"/> <input type="checkbox"/> Plumbing   | <input type="checkbox"/> <input type="checkbox"/> Baking | <input type="checkbox"/> <input type="checkbox"/> Driving  | <input type="checkbox"/> <input type="checkbox"/> Carpentry | <input type="checkbox"/> <input type="checkbox"/> Sewing/Needlework | <input type="checkbox"/> <input type="checkbox"/> Art              | <input type="checkbox"/> <input type="checkbox"/> Travel          |
| A1 A2  |  |  |   |   |  |   |
| <input type="checkbox"/> <input type="checkbox"/> What are your passions? What are your interests? |  |  |   |   |  |   |

**Welcome and thank you for joining Congregation Sha'aray Shalom. Please send completed application to Congregation Sha'aray Shalom, 1112 Main Street, Hingham, MA 02043, along with a \$180 deposit that will be credited towards your dues for the upcoming year.**

**By signing below I agree to become a member of Congregation Sha'aray Shalom.**

**Applicant 1:** I, \_\_\_\_\_, am applying to become a member of, Congregation Sha'aray Shalom. Signature \_\_\_\_\_ Date \_\_\_\_\_

**Applicant 2:** I, \_\_\_\_\_, am applying to become a member of Congregation Sha'aray Shalom. Signature \_\_\_\_\_ Date \_\_\_\_\_

Please have the financial secretary contact me regarding financial arrangements.