

MEMBERSHIP INFORMATION and APPLICATION

We are delighted that you have decided to join Temple Shir Shalom. We are a Reform Jewish congregation founded in 1984, and affiliated with the Union for Reform Judaism. Please complete this application/information form to help us get to know you better. We look forward to your active participation in the congregation.

Contact and Background Information		
	Adult #1	Adult #2
Name		
Street address		
City, State, Zip		
Home phone		
Cell phone		
E-mail		
Birthday		
Occupation		
Please give us some information about your religious background(s): Reform, Conservative, Orthodox, Jew-by-Choice, non-Jewish, etc.		
Please give us some information about your family relationships. Are you single? Divorced? Are you a widow/widower? Are Adults #1 and #2 married? Partners? What date do you celebrate as your anniversary?		

Dependent Children		
Name	Birthday	Current School & Grade

Emergency Contacts		
Name	Phone #	E-mail

Yahrtzeit Information			
<p>Please list the names of those whom you would like to have remembered on our Kaddish memorial list. These names will be read at the Shabbat services of the week following the anniversary of the date of death, according to the secular calendar. Names should generally be limited to immediate family (parents, grandparents, children, siblings, spouses or partners).</p>			
Name	Relationship	Adult #1 or #2	Date of death

Involvement in the Congregation

We are a small congregation that relies heavily on the volunteer efforts of our members. Do you have special interests or skills in any of the below categories that you might share with Temple Shir Shalom? We will follow-up on your responses to help you get more involved. Please indicate your top three areas of interest.

Area of Interest	Adult #1	Adult #2
Adult studies		
Building & Grounds		
Green Team (environmental activism)		
Fundraising		
Membership Committee		
Program planning		
Publicity/publications		
Religious School		
Ritual		
Social Action		
Youth activities		
OTHER		

Membership Financial Agreement

I (We) hereby accept and agree to fulfill the annual financial obligations of Temple membership (outlined on the following page).

	Adult #1	Adult #2
Signature's of Applicant(s):		
Date:		
Membership Category:		
Amount enclosed (please make payable to Temple Shir Shalom):		