



## Congregant Information

*Shalom and welcome to Congregation Shir Shalom of Westchester and Fairfield Counties.  
We are delighted you have chosen to become part of our community.*

*Please enter all applicable information in this form for our records and to help us communicate with you.*

CONGREGANT A	CONGREGANT B
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____
Last Name:	Last Name:
First Name	First Name:
Informal First name (if preferred):	Informal First Name (if preferred):
Hebrew Name (if applicable):	Hebrew Name (if applicable):
Birthday (Mo/Day/Yr):	Birthday (Mo/Day/Yr):
Email:	Email:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
<input type="checkbox"/> Married (wedding date __/__/__) <input type="checkbox"/> Domestic Partners <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	

	Residence Address:	Billing Address (if different):
Street/PO Box		
City, State, Zip		

CONGREGANT A	CONGREGANT B
Occupation:	Occupation:
Employer:	Employer:
<b>Religious Background</b>	
<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Reconstructionist <input type="checkbox"/> Secular <input type="checkbox"/> Other (Please specify) _____	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Reconstructionist <input type="checkbox"/> Secular <input type="checkbox"/> Other (Please specify) _____
City/Town where you grew up:	City/Town where you grew up:
Childhood synagogue (if applicable):	Childhood synagogue (if applicable):
Camps attended:	Camps attended:
College/Grad School attended:	College/Grad School attended:
Previous synagogue membership:	

**Note:** Your responses will be maintained by the Shir Shalom Office and used solely for administrative purposes. We do not disclose your information to third parties.



## Family Information

### Children or Dependents In Household Under 26 Years of Age

Last Name	First Name	Hebrew Name	Gender	Birth Date	Grade

### Adult Children Not Residing In Your Home

First Name				
Last Name				
Spouse/Partner Name				
Address				
Grandchildren Names and Ages				

## Yahrzeit Observance

Please list the names of loved ones whose Yahrzeit you wish to have acknowledged during Shabbat worship services.

NAME	RELATIONSHIP	DATE OF DEATH

## Background Information

<b>How did you hear about us?</b> <input type="checkbox"/> Family <input type="checkbox"/> Friends <input type="checkbox"/> Website <input type="checkbox"/> Social Media <input type="checkbox"/> Print Ad <input type="checkbox"/> Live in Neighborhood <input type="checkbox"/> Other: _____ Publication Name: _____ Referred by: _____	
<b>Why have you chosen to affiliate with Shir Shalom?</b> Check all that apply.	<input type="checkbox"/> Connection to the Jewish Community <input type="checkbox"/> Participate in adult learning and social programs <input type="checkbox"/> Holiday observance <input type="checkbox"/> Shabbat worship <input type="checkbox"/> Enroll child(ren) in Early Childhood Center <input type="checkbox"/> Enroll children in Religious School <input type="checkbox"/> Prepare for Bar/Bat Mitzvah <input type="checkbox"/> Support Jewish presence in our community <input type="checkbox"/> Other (Please specify) _____



## Getting Involved

We are so happy that you have chosen to become part of OUR Shir Shalom community. Together we can do much. As a community we hope that you and your family will regularly attend services and participate in the many programs offered by Shir Shalom. We ask that you share your talents, interests and ideas with us and engage with our professional staff and lay leaders. A Shir Shalom congregant will call upon you to extend a personal welcome We look forward to meeting you soon.

**Please check all that apply**

	CONGREGANT A	CONGREGANT B
Learning Opportunities	<input type="checkbox"/> Adult Education <input type="checkbox"/> Torah Study <input type="checkbox"/> Shabbat Services <input type="checkbox"/> Lunch and Learn <input type="checkbox"/> Tot Shabbat <input type="checkbox"/> Parenting	<input type="checkbox"/> Adult Education <input type="checkbox"/> Torah Study <input type="checkbox"/> Shabbat Services <input type="checkbox"/> Lunch and Learn <input type="checkbox"/> Tot Shabbat <input type="checkbox"/> Parenting
Committee Opportunities	<input type="checkbox"/> Education <input type="checkbox"/> Ritual <input type="checkbox"/> Social Action <input type="checkbox"/> Congregants <input type="checkbox"/> House/Facilities <input type="checkbox"/> Caring <input type="checkbox"/> Communications <input type="checkbox"/> Green Initiatives <input type="checkbox"/> Finance <input type="checkbox"/> Special Arrangements	<input type="checkbox"/> Education <input type="checkbox"/> Ritual <input type="checkbox"/> Social Action <input type="checkbox"/> Congregants <input type="checkbox"/> House/Facilities <input type="checkbox"/> Caring <input type="checkbox"/> Communications <input type="checkbox"/> Green Initiatives <input type="checkbox"/> Finance <input type="checkbox"/> Special Arrangements
Social Opportunities	<input type="checkbox"/> Youth Group <input type="checkbox"/> Sisterhood <input type="checkbox"/> Brotherhood <input type="checkbox"/> Adult Programming	<input type="checkbox"/> Youth Group <input type="checkbox"/> Sisterhood <input type="checkbox"/> Brotherhood <input type="checkbox"/> Adult Programming
Talents and Interests	<input type="checkbox"/> Graphic Design <input type="checkbox"/> Web Design <input type="checkbox"/> Marketing <input type="checkbox"/> Fundraising <input type="checkbox"/> Events <input type="checkbox"/> Cooking <input type="checkbox"/> Instrumental Music <input type="checkbox"/> Singing <input type="checkbox"/> Knitting <input type="checkbox"/> <i>Mah Jongg</i> <input type="checkbox"/> Photography <input type="checkbox"/> Interior Design <input type="checkbox"/> Gardening <input type="checkbox"/> Theater <input type="checkbox"/> Book Club  Sports: <input type="checkbox"/> Golf <input type="checkbox"/> Tennis <input type="checkbox"/> Running <input type="checkbox"/> Bicycling <input type="checkbox"/> Other: _____	<input type="checkbox"/> Graphic Design <input type="checkbox"/> Web Design <input type="checkbox"/> Marketing <input type="checkbox"/> Fundraising <input type="checkbox"/> Events <input type="checkbox"/> Cooking <input type="checkbox"/> Instrumental Music <input type="checkbox"/> Singing <input type="checkbox"/> Knitting <input type="checkbox"/> <i>Mah Jongg</i> <input type="checkbox"/> Photography <input type="checkbox"/> Interior Design <input type="checkbox"/> Gardening <input type="checkbox"/> Theater <input type="checkbox"/> Book Club  Sports: <input type="checkbox"/> Golf <input type="checkbox"/> Tennis <input type="checkbox"/> Running <input type="checkbox"/> Bicycling <input type="checkbox"/> Other: _____
Language Skills	Hebrew: <input type="checkbox"/> Read <input type="checkbox"/> Speak <input type="checkbox"/> Chant Other language: _____	Hebrew: <input type="checkbox"/> Read <input type="checkbox"/> Speak <input type="checkbox"/> Chant Other language: _____

Office use only
Entered in accounting system:
Entered in synagogue database:

## NEW MEMBER 2019 Community Commitment

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Phone No.:** \_\_\_\_\_  
**Email address:** \_\_\_\_\_

**My/Our 2019 Community Commitment is:**

**Base Annual Community Commitment**, per Attachment II, for my/our membership category (i)

**Incremental Community Commitment** (See Attachment I for suggested amounts and fill in your amount). Please commit to a fair-share of our operating budget based on your financial capacity.

**Total 2019 Community Commitment**

**Annual Building Assessment** **\$200 2-adult; \$100 1-adult**

**Annual Security Assessment**

150

**Capital commitment - will be billed in years 3-7**

---

**Total to pro-rate**

x # months left in calendar 2019 \_\_\_\_\_ / 12 months = Pro-rated amount due (ii)

*(i) A confidential financial assistance program is available for those with need. Those requesting to make an annual Community Commitment below the Base amount for their membership category should discuss a Special Arrangement with Dave Moss at [shirshalomsa@gmail.com](mailto:shirshalomsa@gmail.com). Please place an X in the box at right if you would like Dave to contact you.*

*(ii) However, the pro-rated amount shall not be less than the greater of (a) the cost of HHD tickets for the membership category, or (b) 4/12 of the annual amount for the membership category.*

**Payment Arrangements: (Please select one, by placing an X in the applicable box below.)**

**Payment in full - By Check:**

 Amount enclosed: \$ \_\_\_\_\_

**Payment in full - By Debit Card or Credit Card:**

 Amount authorized: \$ \_\_\_\_\_

**Payment in equal monthly payments by Debit Card or Credit Card, over the remainder of 2019** Note that all monthly payment arrangements must be made by debit card or credit card (autopay).

Credit card or debit card number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ CCV \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Print Name \_\_\_\_\_  
 Date \_\_\_\_\_  
 Billing Address, with zip code: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_