

## MEMBERSHIP APPLICATION FORM

### MEMBERSHIP INFORMATION: ADULTS

List the names of the adults in your household who are applying for membership. According to our by-laws, a member must be Jewish, or reside with a household partner or family member who is Jewish, and accept the mission statement of the Congregation.

**Applicant #1** \_\_\_\_\_ Birth date \_\_\_\_\_  
Last First

Age \_\_\_\_\_ Name you would like to be called \_\_\_\_\_ preferred pronoun \_\_\_\_\_

Jewish Other \_\_\_\_\_ Hebrew name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email address \_\_\_\_\_

Occupation \_\_\_\_\_

**Applicant #2** \_\_\_\_\_ Birth date \_\_\_\_\_  
Last First

Age \_\_\_\_\_ Name you would like to be called \_\_\_\_\_ preferred pronoun \_\_\_\_\_

Jewish Other \_\_\_\_\_ Hebrew name \_\_\_\_\_

Home Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email address \_\_\_\_\_

Occupation \_\_\_\_\_

Date of Anniversary \_\_\_\_\_  
day/month/year

Please indicate any other adults in the household who may not be applying for membership and their relationship to you: \_\_\_\_\_

**MEMBERSHIP INFORMATION: CHILDREN**

Name \_\_\_\_\_ Hebrew name \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Hebrew name \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Hebrew name \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Hebrew name \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

*Shir Tikvah's Religious School and Hebrew School are open to all Jewish children of Shir Tikvah members. Please note: If membership is not finalized and approved by August 1<sup>st</sup>, we cannot guarantee that your children can start Religious or Hebrew school on the first day of the new school term.*

Please note that requirements for Bar/Bat Mitzvah at Shir Tikvah include enrollment in Religious School through Confirmation and 5 years of Hebrew School.

Please send information about:      Religious School      Hebrew School

**YAHRZEITS:** Please give date of death for each immediate (parent, partner/spouse, sibling, child) family member. **Please check whether you would like to observe the Yahrzeit by the Jewish or secular date.**

**Check one:**

Jewish    Secular

\_\_\_\_\_  
Name                                      Relationship (to whom)                                      Date: mo/day/year

Jewish    Secular

\_\_\_\_\_  
Name                                      Relationship (to whom)                                      Date: mo/day/year

Jewish    Secular

\_\_\_\_\_  
Name                                      Relationship (to whom)                                      Date: mo/day/year

**Please tell us how you learned of Shir Tikvah and why you decided to join:**



**MEMBER INTERESTS:** Shir Tikvah depends on the participation of its members. Please check committees in which you might be interested. **THE COMMITTEE CHAIR WILL CONTACT YOU.**

*Tikkun Olam Working Group  
(Social Justice)  
Finance & Administration*

*T'Fillah  
Lifelong Learning  
Membership*

*Development  
Library  
Choir/Music Leader*

Shir Tikvah is committed to the regular participation of congregants in religious services. We would like to know:

Who in your household can read Hebrew? \_\_\_\_\_  
 Who can chant Torah? \_\_\_\_\_ Haftarah? \_\_\_\_\_ Megillah? \_\_\_\_\_  
 Are you interested in singing in a choir? \_\_\_\_\_ Leading services? \_\_\_\_\_  
 Would you like to give a sermon or lead a discussion? \_\_\_\_\_

Other areas of interest or skills, such as gardening, cooking, childcare, art, construction, etc. – if more than one family member applying, please indicate which area of interest goes with which family member.

Previous synagogue affiliation and date of resignation: \_\_\_\_\_

Do you have any remaining financial obligations to your previous congregation (check one)?

Yes No If you checked yes, please indicate what steps you have taken to satisfy those obligations.

Please note that it is our policy to contact your previous congregation regarding your membership status. If you have any concerns about this, we ask that you briefly describe the reason and attach it to your application. Thank you.

I have read the Shir Tikvah membership guidelines and understand that I will be contacted regarding my service and dues commitment.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

If you need more information before applying, please contact:

Alison Olig, Executive Director

[Alison@shirtikvah.net](mailto:Alison@shirtikvah.net)

612-822-1440

<b>FOR OFFICE USE ONLY</b>	
Date Rcvd: _____	
<input type="checkbox"/> Enews <input type="checkbox"/> Outlook <input type="checkbox"/> Rakefet <input type="checkbox"/> Yahrzeit <input type="checkbox"/> Occupation <input type="checkbox"/> Areas of Interest <input type="checkbox"/> Welcome <input type="checkbox"/> Name Tag	