

Shaaray Tefila

250 East 79th Street ~ New York, NY 10075 ~ Tel: 212-535-8008 ~ Fax: 212-288-3576

Website: www.shaaraytefilanyc.org ~ Email: administration@tstnyc.org

OFFICE USE ONLY

MF# _____ AAO Date _____

Sus/Pat/RC Fam Sgl JrFam JrSgl

RS CS PAID \$ _____ CK# _____

MEMBERSHIP APPLICATION

Dear Prospective Congregant:

We are happy that you are joining Shaaray Tefila. The mission of Shaaray Tefila is to provide the means for our congregational community to nurture and continue life-long involvement in Judaism by instilling a love of our heritage, a shared connection within the warmth of worship, a devotion to community and a renewed strength in our Jewish identity.

By filling in this form as fully as possible, you will help us serve your needs to the best of our ability. The information you provide will be kept confidential.

PRIMARY MEMBER #1

Title: Mr. Mrs. Ms. Dr. Other _____

First Name _____ (MI) _____ Last Name _____

Hebrew Name _____

How would you like your name to appear? _____

Birthdate (mm/dd/yy) ____/____/____ Home Email _____

Cell # _____ Maiden Name _____

PRIMARY MEMBER #2

Title: Mr. Mrs. Ms. Dr. Other _____

First Name _____ (MI) _____ Last Name _____

Hebrew Name _____

How would you like your name to appear? _____

Birthdate (mm/dd/yy) ____/____/____ Home Email _____

Cell # _____ Maiden Name _____

FAMILY STATUS

Single Engaged Married Partnered Separated Divorced Widow/Widower Wedding Date/Anniversary ____/____/____

HOME INFORMATION

Street Address _____ Phone #1 _____

Apt # _____ City _____ Phone #2 _____

State _____ Zip _____ Fax _____

SEASONAL ADDRESS INFORMATION

Street Address _____ City _____ State _____ Zip _____

Phone _____ Please send mail to this address (day/month) from ____/____ to ____/____

CHILD #1 Male Female Enrolled in Shaaray Tefila: Nursery School Religious School Birthdate (mm/dd/yy) ____/____/____

First Name _____ (MI) _____ Last Name _____

Hebrew Name _____ Email _____

Secular School _____ Grade _____

COLLEGE CONTACT

College/University _____ Address _____

 Freshman Sophomore Junior Senior Expected date of graduation ____/____/____**CHILD #2** Male Female Enrolled in Shaaray Tefila: Nursery School Religious School Birthdate (mm/dd/yy) ____/____/____

First Name _____ (MI) _____ Last Name _____

Hebrew Name _____ Email _____

Secular School _____ Grade _____

COLLEGE CONTACT

College/University _____ Address _____

 Freshman Sophomore Junior Senior Expected date of graduation ____/____/____**CHILD #3** Male Female Enrolled in Shaaray Tefila: Nursery School Religious School Birthdate (mm/dd/yy) ____/____/____

First Name _____ (MI) _____ Last Name _____

Hebrew Name _____ Email _____

Secular School _____ Grade _____

COLLEGE CONTACT

College/University _____ Address _____

 Freshman Sophomore Junior Senior Expected date of graduation ____/____/____**CHILD #4** Male Female Enrolled in Shaaray Tefila: Nursery School Religious School Birthdate (mm/dd/yy) ____/____/____

First Name _____ (MI) _____ Last Name _____

Hebrew Name _____ Email _____

Secular School _____ Grade _____

COLLEGE CONTACT

College/University _____ Address _____

 Freshman Sophomore Junior Senior Expected date of graduation ____/____/____

PRIMARY MEMBER #1

RELIGIOUS BACKGROUND

Name _____

Childhood Religious Identification

Reform Conservative Orthodox Secular Reconstructionist Not Jewish, please specify _____

Name & location of previous synagogue _____

How long? _____ Were you active in synagogue life? _____ If so, in what capacity? _____

If not currently Jewish, religious affiliation _____

BUSINESS INFORMATION

Position/Type of Business _____ Title _____

Employer _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

COMMUNITY INVOLVEMENT

Please list any community activities, board affiliations, volunteer work or related experiences you have had:

HIGHER EDUCATION

College/University: _____ Degree: _____ Graduation Date: ____/____/____

Graduate School: _____ Degree: _____ Graduation Date: ____/____/____

FAMILY & FRIENDS

Please list other family members or friends who are affiliated with Shaaray Tefila:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

PRIMARY MEMBER #2

RELIGIOUS BACKGROUND

Name _____

Childhood Religious Identification

Reform Conservative Orthodox Secular Reconstructionist Not Jewish, please specify _____

Name & location of previous synagogue _____

How long? _____ Were you active in synagogue life? _____ If so, in what capacity? _____

If not currently Jewish, religious affiliation _____

BUSINESS INFORMATION

Position/Type of Business _____ Title _____

Employer _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

COMMUNITY INVOLVEMENT

Please list any community activities, board affiliations, volunteer work or related experiences you have had:

HIGHER EDUCATION

College/University: _____ Degree: _____ Graduation Date: ____/____/____

Graduate School: _____ Degree: _____ Graduation Date: ____/____/____

FAMILY & FRIENDS

Please list other family members or friends who are affiliated with Shaaray Tefila:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Yahrzeit Observance

Should you desire to observe the Hebrew date and do not recall it, check "Hebrew date of death" and give the full English date and time of death and we will determine the Hebrew date for you.

Yahrzeit #1

Deceased's Name _____

I/We wish to observe: Hebrew date of death ____/____/____

English date of death ____/____/____ Approximate time of day _____ AM PM

Relative of: _____ Relationship: _____

Yahrzeit #2

Deceased's Name _____

I/We wish to observe: Hebrew date of death ____/____/____

English date of death ____/____/____ Approximate time of day _____ AM PM

Relative of: _____ Relationship: _____

Yahrzeit #3

Deceased's Name _____

I/We wish to observe: Hebrew date of death ____/____/____

English date of death ____/____/____ Approximate time of day _____ AM PM

Relative of: _____ Relationship: _____

Yahrzeit #4

Deceased's Name _____

I/We wish to observe: Hebrew date of death ____/____/____

English date of death ____/____/____ Approximate time of day _____ AM PM

Relative of: _____ Relationship: _____

Yahrzeit #5

Deceased's Name _____

I/We wish to observe: Hebrew date of death ____/____/____

English date of death ____/____/____ Approximate time of day _____ AM PM

Relative of: _____ Relationship: _____

Yahrzeit #6

Deceased's Name _____

I/We wish to observe: Hebrew date of death ____/____/____

English date of death ____/____/____ Approximate time of day _____ AM PM

Relative of: _____ Relationship: _____

MEMBERSHIP CATEGORIES

Please check the box next to the applicable dues category (only one box may be selected).

<input type="checkbox"/>	RABBI'S CIRCLE	Members who make the highest commitment to strengthen Shaaray Tefila by paying increased dues. During the High Holy Days, these members may obtain one seat for each adult member of their family in reserved sections of the sanctuary. Names of Rabbi's Circle members are displayed on a plaque in the lobby. These members are also invited to special events during the year.
<input type="checkbox"/>	PATRON	Members who make a higher commitment to strengthen Shaaray Tefila by paying increased dues. During the High Holy Days, these members may obtain one seat for each adult member of their family in the reserved sections of the sanctuary. Names of Patron members are displayed on a plaque in the lobby. These members are also invited to special events during the year.
<input type="checkbox"/>	SUSTAINING	Members who make a high commitment to strengthen Shaaray Tefila by paying increased dues. During the High Holy Days, these members may obtain one seat for each adult member of their family in the reserved sections of the sanctuary. Names of Sustaining members are displayed on a plaque in the lobby. These members are also invited to special events during the year.
<input type="checkbox"/>	FAMILY	Entitles a family to all membership privileges, two seats for the High Holy Day services and tickets for minor children or children currently attending college, up through the age of 25.
<input type="checkbox"/>	SINGLE	Entitles one-person households to all membership privileges and one seat for the High Holy Day services.
<input type="checkbox"/>	JUNIOR FAMILY	Entitles families where the oldest partner is under age 30 (as of July 1) to all membership privileges, two seats for the High Holy Day services and tickets for minor children.
<input type="checkbox"/>	JUNIOR SINGLE	Entitles one-person households under age 30 (as of July 1) to all membership privileges and one seat for the High Holy Day services.

BUILDING ASSESSMENT FOR ALL NEW MEMBERS

New members (with the exception of Junior memberships) contribute to the congregation's Building Fund, which supports capital improvements.

FAMILY MEMBERSHIP	\$1,000 paid at the rate of \$200 per year for five years
SINGLE MEMBERSHIP	\$500 paid at the rate of \$100 per year for five years

HIGH HOLY DAYS SEATING

I (We) would prefer to attend Early High Holy Day Services Late High Holy Day Services

I (we) hereby apply for membership at Shaaray Tefila and if I (we) become a member I (we) agree to abide by the By-laws, rules and regulations of the congregation.

Signed: _____

Date: _____

Signed: _____

I have enclosed a check in the amount of \$ _____.