

# Shaare Tefila Congregation

10881 Lockwood Drive, Silver Spring, Maryland 20901    www.shaaretefila.org    (301) 593-3410

## MEMBERSHIP APPLICATION

(PLEASE PRINT)

Date: \_\_\_\_\_

### **MEMBERSHIP CATEGORY**

1 Adult Household    \_\_\_\_\_ Under 30    \_\_\_\_\_ 30-69    \_\_\_\_\_ 70 +

2 Adult Household    \_\_\_\_\_ Under 30    \_\_\_\_\_ 30-69    \_\_\_\_\_ 70 +

**ADULT NO. 1:** \_\_\_\_\_  
Last First MI Title

**ADULT NO. 2:** \_\_\_\_\_  
Last First MI Title

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Wedding Anniversary Date: \_\_\_\_\_

**ADULT NO. 1**     Male     Female

English birthdate: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

\_\_\_\_\_ Cohen    \_\_\_\_\_ Levi    \_\_\_\_\_ Israelite

Father's  
Hebrew name: \_\_\_\_\_

Mother's  
Hebrew name: \_\_\_\_\_

Prior Synagogue Affiliation: \_\_\_\_\_

Bar/Bat Mitzvah Date: \_\_\_\_\_

Parsha/Haftarah \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Preferred e-mail address: \_\_\_\_\_

**ADULT NO. 2**     Male     Female

English birthdate: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

\_\_\_\_\_ Cohen    \_\_\_\_\_ Levi    \_\_\_\_\_ Israelite

Father's  
Hebrew name: \_\_\_\_\_

Mother's  
Hebrew name: \_\_\_\_\_

Prior Synagogue Affiliation: \_\_\_\_\_

Bar/Bat Mitzvah Date: \_\_\_\_\_

Parsha/Haftarah \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Preferred e-mail address: \_\_\_\_\_

**CHILDREN WHO LIVE IN YOUR HOUSEHOLD**

1. \_\_\_\_\_  Male  Female

Hebrew name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: (mo./day/year) \_\_\_\_\_ School grade: \_\_\_\_\_

Attends religious school \_\_\_ Yes \_\_\_ No If yes, Name of school: \_\_\_\_\_

Bar/Bat Mitzvah date: (mo./day/year) \_\_\_\_\_

2. \_\_\_\_\_  Male  Female

Hebrew name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: (mo./day/year) \_\_\_\_\_ School grade: \_\_\_\_\_

Attends religious school \_\_\_ Yes \_\_\_ No If yes, Name of school: \_\_\_\_\_

Bar/Bat Mitzvah date: (mo./day/year) \_\_\_\_\_

3. \_\_\_\_\_  Male  Female

Hebrew name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: (mo./day/year) \_\_\_\_\_ School grade: \_\_\_\_\_

Attends religious school \_\_\_ Yes \_\_\_ No If yes, Name of school: \_\_\_\_\_

Bar/Bat Mitzvah date: (mo./day/year) \_\_\_\_\_

**CHILDREN AWAY AT COLLEGE, MARRIED, OR LIVING INDEPENDENTLY**

1. \_\_\_\_\_  Male  Female

Hebrew name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: (mo./day/year) \_\_\_\_\_

Hebrew education \_\_\_ Yes \_\_\_ No Bar/Bat Mitzvah date: (mo./day/year) \_\_\_\_\_

Married \_\_\_ Yes \_\_\_ No Name of college, if applicable: \_\_\_\_\_

Spouse's name, if applicable: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Telephone: \_\_\_\_\_

2. \_\_\_\_\_  Male  Female

Hebrew name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: (mo./day/year) \_\_\_\_\_

Hebrew education \_\_\_ Yes \_\_\_ No Bar/Bat Mitzvah date: (mo./day/year) \_\_\_\_\_

Married \_\_\_ Yes \_\_\_ No Name of college, if applicable: \_\_\_\_\_

Spouse's name, if applicable: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Telephone: \_\_\_\_\_

**YOUR FAMILY MEMBERS WHO ARE MEMBERS OF SHAARE TEFILA CONGREGATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Yahrzeit Observances**

Yahrzeit dates observed in your family, so that we may remind you of them:

1. \_\_\_\_\_  Male  Female

Hebrew name: \_\_\_\_\_

English date of death (mo./day/year): \_\_\_\_\_ Hebrew date of death (include year): \_\_\_\_\_

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

2. \_\_\_\_\_  Male  Female

Hebrew name: \_\_\_\_\_

English date of death (mo./day/year): \_\_\_\_\_ Hebrew date of death (include year): \_\_\_\_\_

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

3. \_\_\_\_\_  Male  Female

Hebrew name: \_\_\_\_\_

English date of death (mo./day/year): \_\_\_\_\_ Hebrew date of death (include year): \_\_\_\_\_

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

4. \_\_\_\_\_  Male  Female

Hebrew name: \_\_\_\_\_

English date of death (mo./day/year): \_\_\_\_\_ Hebrew date of death (include year): \_\_\_\_\_

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

5. \_\_\_\_\_  Male  Female

Hebrew name: \_\_\_\_\_

English date of death (mo./day/year): \_\_\_\_\_ Hebrew date of death (include year): \_\_\_\_\_

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

6. \_\_\_\_\_  Male  Female

Hebrew name: \_\_\_\_\_

English date of death (mo./day/year): \_\_\_\_\_ Hebrew date of death (include year): \_\_\_\_\_

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

7. \_\_\_\_\_  Male  Female

Hebrew name: \_\_\_\_\_

English date of death (mo./day/year): \_\_\_\_\_ Hebrew date of death (include year): \_\_\_\_\_

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

**INTERESTS**

Please check those committees that are of interest to you:

- |   |   |
|---|---|
| <input type="checkbox"/> Budget Committee         | <input type="checkbox"/> House Committee/Capital Improvements |
| <input type="checkbox"/> Capital Campaign         | <input type="checkbox"/> Publicity Committee                  |
| <input type="checkbox"/> Cemetery Committee       | <input type="checkbox"/> Religious Committee                  |
| <input type="checkbox"/> Chesed Committee         | <input type="checkbox"/> Relocation Committee                 |
| <input type="checkbox"/> Finance Committee        | <input type="checkbox"/> School Board                         |
| <input type="checkbox"/> Hazak/Senior Citizen     | <input type="checkbox"/> Security/STAAC Committee             |
| <input type="checkbox"/> Men's Club               | <input type="checkbox"/> Sisterhood                           |
| <input type="checkbox"/> Israel Affairs Committee | <input type="checkbox"/> Social Action Committee              |
| <input type="checkbox"/> Legal Committee          | <input type="checkbox"/> Special Needs                        |
| <input type="checkbox"/> Library Committee        | <input type="checkbox"/> Tower (Newsletter)                   |
| <input type="checkbox"/> Membership Committee     | <input type="checkbox"/> Ways & Means Committee               |
| <input type="checkbox"/> Youth Committee          | <input type="checkbox"/> Ruach Committee                      |

I / We hereby apply for membership in Shaare Tefila Congregation. I / We agree to abide by the rules and regulations as specified in the Constitution and By-laws. I / We further agree to assume all proper financial obligations for dues, tuition, and pledges, as properly assessed by Shaare Tefila Congregation. Our membership remains valid unless I / we notify the office in writing of my/our intention to terminate membership.

ADULT NO. 1

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(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

ADULT NO. 2

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(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

Applications are subject to approval by the Board of Directors. All applications must be accompanied by a check totaling one third (1/3) of the annual dues, which are: \$ \_\_\_\_\_; 1/3 = \$ \_\_\_\_\_.

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FOR OFFICE USE ONLY

Application received by: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \_\_\_\_\_ Check date: \_\_\_\_\_

_____Accounts Receivable	_____Rabbi	_____Committee Chair
_____Religious School	_____Data Base	_____Welcome Letter and Phone Call
_____Mailing List	_____Membership Committee	_____Other ( _____ )