CONGREGATION SHA’ARE SHALOM

P.O. Box 4518 ♦ Leesburg, VA 20177 ♦ [www.shaareshalomleesburg.org](http://www.shaareshalomleesburg.org/) Established 1996

***Membership Application 2023-2024***

Welcome! We are very pleased that you have chosen to become a member of Congregation Sha’are Shalom. Completing this application will help us get to know you and your family so we can welcome you into our congregation!

GLAD TO MEET YOU DATE \_\_\_\_\_\_\_\_\_\_\_

Adult #1 Adult #2

Dr. 🞎 Mr. 🞎 Mrs. 🞎 Ms. 🞎 Other Dr. 🞎 Mr. 🞎 Mrs. 🞎 Ms. 🞎 Other First Name Nickname? First Name Nickname? Middle /Maiden name Middle /Maiden name

Last name Last name Birth date Birth date Email address\* Email address\*

Cell phone number Cell phone number

\*Please circle your preferred email address to receive Congregation Sha'are Shalom communication

🞎 Married: Anniversary 🞎 Single 🞎 Separated 🞎 Divorced 🞎 Widowed 🞎 Partnered

HOME INFORMATION

Street Address City State Zip Code

Home Phone #1 Home phone #2 At seasonal address from when to when?

BUSINESS INFORMATION

Adult #1 Adult #2

Position/Title Position/Title Employer Employer Address Address City/State/Zip City/State/Zip Phone Phone

JEWISH GEOGRAPHY

How long have you been an area resident? Where did you move from? Have you belonged to another synagogue within the past 12 months? And if so, where? What is your hometown? Emergency contact information: (Name, telephone number, address and relationship)

YOUR CHILDREN

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Child 1 | Child 2 | Child 3 | Child 4 |
| First name |  |  |  |  |
| Nickname |  |  |  |  |
| Middle name |  |  |  |  |
| Last name |  |  |  |  |
| Hebrew name |  |  |  |  |
| Gender |  |  |  |  |
| Date of birth |  |  |  |  |
| Public School Grade |  |  |  |  |
| Bar/Bat Mitzvah? | 🞎 Yes 🞎 No | 🞎 Yes 🞎 No | 🞎 Yes 🞎 No | 🞎 Yes 🞎 No |
| Confirmation? | 🞎 Yes 🞎 No | 🞎 Yes 🞎 No | 🞎 Yes 🞎 No | 🞎 Yes 🞎 No |
| Lives at home? | 🞎 Yes 🞎 No | 🞎 Yes 🞎 No | 🞎 Yes 🞎 No | 🞎 Yes 🞎 No |
| Married? | 🞎 Yes 🞎 No | 🞎 Yes 🞎 No | 🞎 Yes 🞎 No | 🞎 Yes 🞎 No |

OTHER FAMILY MEMBERS

Do you have any relatives at Congregation Sha’are Shalom? Please tell us their names and how you’re related:

Adult #1 - Parents Adult #2 - Parents

**Father’s name Father’s name**

🞎 Living 🞎 Deceased - Date of death

at (time of death), if known, as this is necessary for calculating Hebrew date of death; or n after sunset

🞎 Living 🞎 Deceased - Date of death

at (time of death), if known, as this is necessary for calculating Hebrew date of death; or n after sunset

His Hebrew name His Hebrew name

**Mother’s name Mother’s name**

🞎 Living 🞎 Deceased - Date of death

at (time of death), if known, as this is necessary for calculating Hebrew date of death; or 🞎 after sunset

🞎 Living 🞎 Deceased - Date of death

at (time of death), if known, as this is necessary for calculating Hebrew date of death; or 🞎 after sunset

Her Hebrew name Her Hebrew name

YAHRZEIT OBSERVANCE

Please list the names and other pertinent information for those you wish remembered, limited to parents, spouses/partners, children or siblings only.

|  |  |  |
| --- | --- | --- |
|  | Adult #1 | Adult #2 |
| First name of departed | 1. | 2. | 1. | 2. |
| Last name of departed |  |  |  |  |
| Hebrew name |  |  |  |  |
| Relationship |  |  |  |  |
| Civil date of death |  |  |  |  |
| After Sunset 🞎yes 🞎no |  |  |  |  |

MAKING A CONNECTION – BECOME PART OF OUR CSS FAMILY

Tell us why you came to Congregation Sha’are Shalom (check all that applies):

🞎 Worship Services 🞎 Pre-school 🞎 Religious School 🞎 CSS Clergy 🞎 Special Programs/Activities

🞎 Referred by: 🞎 Other reason

Which congregational activities or volunteer opportunities might interest you or other members of your family?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 🞎 | Adult Bar/Bat Mitzvah | 🞎 | Couples activities | 🞎 | Men’s Club |
| 🞎 D | Adult Education | 🞎 | Education (Religious school) | 🞎 | Ritual committee |
| 🞎 | Active Retirees | 🞎 | Family Activities | 🞎 | RUJEC (Pre-school) |
| 🞎 | Budget and Finance | 🞎 | Fundraising | 🞎 | Singles |
| 🞎 | Chesed (caring) committee | 🞎 | Gift Shop | 🞎 | Sisterhood |
| 🞎 | Communications/Publicity | 🞎 | House/Building & Grounds | 🞎 | Social Action |
| 🞎 | Cooking | 🞎 | Kitchen |  🞎 | Torah reader |
|  |  |  🞎 | Membership | 🞎 | Usher |
|  |  |  |  |  |  |
|  |  |  |  | 🞎 | Other  |

List any special skills or talents you would like to share with us:

PLEASE SHARE YOUR RELIGIOUS BACKGROUND

Adult #1:

In what religious tradition were you raised?

🞎 Conservative 🞎 Reform 🞎 Orthodox 🞎 Secular 🞎 non-Jewish 🞎 none Are you a: 🞎 Kohen 🞎 Levite 🞎 Israelite?

Full Hebrew name (including parents): If you were not raised Jewish, are you a Jew by choice? 🞎 Yes Have you formally converted? 🞎 Yes 🞎 No Did your Jewish education include a: 🞎 Bar/Bat Mitzvah? 🞎 Confirmation?

Can you read Hebrew? 🞎 Yes 🞎 No Can you recite the Brachot for the Torah? 🞎 Yes 🞎 No Can you read Torah? 🞎 Yes 🞎 No Can you chant a Haftorah? 🞎Yes 🞎No Can you lead a Daily Service? 🞎 Yes 🞎 No

Adult #2:

In what religious tradition were you raised?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 🞎 Conservative 🞎 Reform | 🞎 Orthodox | 🞎 Secular | 🞎 non-Jewish | 🞎 none |
| Are you a: | 🞎 Kohen 🞎 Levite | 🞎 Israelite? |  |  |  |

Full Hebrew name (including parents): If you were not born Jewish, are you a: 🞎 Jew by choice Have you formally converted? 🞎Yes 🞎 No

|  |  |  |
| --- | --- | --- |
| Can you read Hebrew? 🞎 Yes 🞎 No Can you read Torah? 🞎Yes 🞎No | Can you recite the Brachot for the Torah? Can you chant a Haftorah? | 🞎Yes 🞎No🞎Yes 🞎No |
| Can you lead a Daily Service? 🞎Yes | 🞎 No |  |

Did your Jewish education include a: 🞎 Bar/Bat Mitzvah? 🞎 Confirmation?

MEMBERSHIP CATEGORIES, ANNUAL DUES AND PAYMENT SCHEDULE

*Please check the appropriate category below.*

Annual Dues do not include building assessment (maximum of $4,000, payable at a minimum of $400 per year). A Capital Replacement Reserve fee is $50 per member unit and the Security fee is $200 per member unit; they are assessed regardless of membership category.

|  |  |  |
| --- | --- | --- |
| 🞎 Family (Including partner or interfaith spouse) – $2,577 | 🞎 Single Parent Family – $1,286 |  |
| 🞎 Couple – $2,205  | 🞎 Couple Senior– $2,013 (No children, no Building Fund obligation for 65+) | 🞎 Affiliate – $621 (per person)(Current members of another synagogue;no Building Fund obligation) |
| 🞎 Individual – $1,526  | 🞎 Individual Senior– $1,397 (No children, no Building Fund obligation for 65+) |  |

**Payment Schedule** – Payment includes dues, religious school, and tutoring fees as applicable. (RUJEC tuition is billed separately.) Please check a payment schedule below. Special financial arrangements are available and remain confidential. No one is turned away from Congregation Sha'are Shalom for financial reasons.

🞎 Monthly (due the 15th of the month)

🞎 Semi-annually (due August 15th and January 15th; will be adjusted according to your first month of membership)

🞎 Annually (due August 15th or date of new membership application)

# Religious School

Will you enroll your child(ren) in Congregation Sha'are Shalom Religious School? 🞎Yes 🞎 No Will you enroll your child(ren) in Rosie Uran Jewish Education Center (RUJEC)? 🞎Yes 🞎No

How many children will be attending religious school? If children are enrolling, school tuition will be added to membership dues.

(Please complete a Congregation Sha'are Shalom religious school registration form and/or RUJEC form for each child registering. The registration forms are available on our web site at www.shaareshalomleesburg.org.)

THE FINE PRINT

I / We hereby make this application for membership in Congregation Sha’are Shalom and agree to abide by its Constitution and By-Laws, and such regulations as authorized by the Board of Directors, now in effect and those hereafter adopted for the conduct and support of the Congregation. I/We understand that if it is necessary to leave the congregation mid-year, for any reason, I am/we are still under obligation for full payment of the annual dues and fees. I / We agree to contribute the annual membership dues and other fees as approved by the Congregation. Enclosed is a check for $ .

Please charge to my credit card: 🞎 VISA 🞎 MASTERCARD 🞎 DISCOVER

Number: Expiration Date: /20

Security Code: Print name as it appears on card:

Signature Adult #1 Name printed Date

Signature Adult #2 Name printed Date

 *Thank you.*

# For Office Use Only

Application received on / /