

# NEW MEMBERSHIP

Dear Friends,

We are very excited that you have made the decision to join our congregation; welcome to the Shir Ami family! Attached you will find all the forms you need to become a new member of Congregation Shir Ami.

There are many volunteer opportunities for Congregation Shir Ami members. Once we receive these completed forms, you will be sent a link to our member survey. Please take a few moments to complete the survey. Shir Ami runs on “volunteer power”; we rely on our members’ time and talents to keep us going. The information you provide will be sent to the appropriate committee chairs, coordinators and board members. They will contact you directly with any opportunities to get involved. Jumping in is the best way to get to know other members and make Congregation Shir Ami feel like home.

If you have school-aged children, please note that Religious School fees are not included on the Financial Pledge Form. Invoices for Religious School will be emailed separately. One half of Religious School fees must be paid in full before the start of each semester, unless arrangements are made with the Treasurer and Finance Committee.

Please complete all pages as soon as possible. When you are finished completing these forms, you may scan and email them to congregation@shir-ami.com or mail them to PO Box 3716, Cedar Park, TX 78630.

If you have general questions, please send an email to congregation@shir-ami.com. The treasurer can be reached at adgisser@gmail.com if you have questions or concerns regarding finances.

Thank you for your support of our congregation and the Jewish community! Sincerely,

Jane Devick Fry, Ed. D.

Membership Chair

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

# NEW MEMBER INFORMATION

|  |  |
| --- | --- |
| **Adult New Member 1**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Cell phone (if applicable): (\_\_\_\_\_)\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(if you do not have email service please check this box  and we will mail notices to your home address)  Jewish?  Yes  No  In Conversion ProcessIf Jewish:  Reform  Conservative  Secular  Other Hebrew Names (if known). . .Yours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s: Mother’s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ | **Adult New Member 2**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Cell phone (if applicable): (\_\_\_\_\_)\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(if you do not have email service please check this box  and we will mail notices to your home address)  Jewish?  Yes  No  In Conversion ProcessIf Jewish:  Reform  Conservative  Secular  Other Hebrew Names (if known). . .Yours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s: Mother’s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ |
| **Children (under 18) Living in the Home**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_ Jewish?  Yes  No  In Conversion Process Hebrew Name (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mitzvah Date: (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_ Jewish?  Yes  No  In Conversion Process Hebrew Name (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Mitzvah Date: (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_ Jewish?  Yes  No  In Conversion Process Hebrew Name (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Mitzvah Date: (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_ Jewish?  Yes  No  In Conversion Process Hebrew Name (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Mitzvah Date: (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(Include a separate page if needed.)* |

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wedding Anniversary (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about Shir Ami:

***Photo/Video/Website Release Policy***

*Photo and videos images that are captured during regular and special activities may be used on our website, on our social media sites, and in messages to the congregation unless permission is expressly denied. To withhold permission for yourself or your children, you must send an email message to* *congregation@shir-ami.com* *with "PHOTO RELEASE" in the subject line and your wishes stated in the body of the message. Alternatively, send a letter to Congregation Shir Ami: PO Box 3716, Cedar Park, TX 78630*

# 2021-2022 MEMBER PLEDGE FORM

I/we (please print) commit to the sharing of expenses of Congregation Shir Ami for the year starting July 1, 2021 and ending June 30, 2022 through the following tax-deductible contributions:

**Congregation Shir Ami’s annual dues schedule is as follows** *(please check one)***:**

 Family: $1,980  Couple: $1,500  Individual: $1,284

 **First Year Membership (one-time 25% discount)**

  Family: $1,484  Couple: $1,125  Individual: $963

\*\*\*If you are not able to pay at the appropriate level, you must fill out a Dues Reduction Request Form. To receive this form, simply send an email to our Treasurer at adgisser@gmail.com. Your request will be confidentially reviewed and you will be notified if it is approved. Please note that these steps must be taken each year for your membership at Shir Ami to remain active. \*\*\*

 **Security Fee**

To cover the expense of hiring a police officer when we have in-person services, each family unit will be

 assessed a small annual fee:

 Family: $80  Couple: $60  Individual: $50

In order to help defray Shir Ami’s operating and program costs, I/we would like to add a donation to my/our normal dues commitment in the amount of $ for the 2021/2022 fiscal year. This amount shall be paid according to the payment schedule chosen below and is fully tax-deductible.

## High Holy Days Sponsorship, payable prior to August 15, 2021

Please consider making a donation during the High Holy Days to contribute toward the financial well-being of the congregation.

* Yerushalayim Shel Zahav (Jerusalem of Gold): $540
* Kochavim Bashamayim (Stars in the Sky) $360
* Eretz Zavat Halav (Land of Milk & Honey): $180
* Other: $

## I/we plan to fulfill our dues pledge according to the following payment schedule *(please check one)*:

* One payment on July 1, 2021
* Two equal payments on July 1, 2021 and January 1, 2022
* Four equal payments on July 1, 2021; October 1, 2021; January 1, 2022 & April 1, 2022
* Twelve equal payments beginning on July 1, 2021 and ending on June 1, 2022

Signature Member 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Signature Member 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Scan and email this form to* *adgisser@gmail.com* *or mail it to PO Box 3716, Cedar Park, TX 78630*

#  YAHRZEIT INFORMATION

At Congregation Shir Ami, it is our practice to publish and speak the names of loved ones who have passed away. We do this once a year during the anniversary month of their passing. These names will also be published in our Yizkor Booklet, distributed at Yom Kippur Service.

If you have lost family or dear friends and would like them included in our monthly Yahrzeit recognition as well as our Yizkor booklet, please complete this form and return it to congregation@shir-ami.com or mail it to:

Congregation Shir Ami, PO Box 3716, Cedar Park, TX 78360-3716

Name of Deceased: Hebrew Name (If known): Relationship: Related To (member name): Secular Month of Death: Hebrew Date of Death (if known):

Name of Deceased: Hebrew Name (If known): Relationship: Related To (member name): Secular Month of Death: Hebrew Date of Death (if known):

Name of Deceased: Hebrew Name (If known): Relationship: Related To (member name): Secular Month of Death: Hebrew Date of Death (if known):

Name of Deceased: Hebrew Name (If known): Relationship: Related To (member name): Secular Month of Death: Hebrew Date of Death (if known):

Name of Deceased: Hebrew Name (If known): Relationship: Related To (member name): Secular Month of Death: Hebrew Date of Death (if known):

Name of Deceased: Hebrew Name (If known): Relationship: Related To (member name): Secular Month of Death: Hebrew Date of Death (if known):