



Large enough to serve you, small enough to know you!

NEW MEMBER APPLICANT INFORMATION

Please note that the application approval process may take several weeks

<p><u>Adult Member Applicant 1</u> Name: _____ Birthdate: _____ Cell phone (if applicable): (____)____, _____ Email: _____ (if you do not have email service please check this box <input type="checkbox"/> and we will mail notices to your home address) Jewish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Conversion Process If Jewish: <input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Secular <input type="checkbox"/> Other Hebrew Names (if known). . . Yours: _____ Father's: _____ Mother's: _____</p>	<p><u>Adult Member Applicant 2</u> Name: _____ Birthdate: _____ Cell phone (if applicable): (____)____, _____ Email: _____ (if you do not have email service please check this box <input type="checkbox"/> and we will mail notices to your home address) Jewish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Conversion Process If Jewish: <input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Secular <input type="checkbox"/> Other Hebrew Names (if known). . . Yours: _____ Father's: _____ Mother's: _____</p>
<p><u>Children (under 18) Living in the Home</u></p> <p>Name: _____ Birthdate: _____ Jewish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Conversion Process Hebrew Name (if applicable): _____ Mitzvah Date: (if applicable): _____</p> <p>Name: _____ Birthdate: _____ Jewish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Conversion Process Hebrew Name (if applicable): _____ Mitzvah Date: (if applicable): _____</p> <p>Name: _____ Birthdate: _____ Jewish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Conversion Process Hebrew Name (if applicable): _____ Mitzvah Date: (if applicable): _____</p> <p>Name: _____ Birthdate: _____ Jewish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Conversion Process Hebrew Name (if applicable): _____ Mitzvah Date: (if applicable): _____</p> <p><i>(Include a separate page if needed.)</i></p>	

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



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2023-2024 NEW MEMBER APPLICATION DUES FORM

Member Name(s) _____

Please check the appropriate membership category for the fiscal year July 1, 2023 – June 30, 2024

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

- Family: \$2,364
- Couple: \$1,764
- Individual: \$1,488

***If you are unable to pay at the above level, please fill out a Dues Reduction Request Form. 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. ***

In order to help support Shir Ami’s operating and program costs further, I/we would like to increase my membership dues for the 2023-2024 fiscal year by the amount of \$_____. This amount shall be paid according to the payment schedule chosen below and is fully tax-deductible.

High Holy Days Patrons, payable prior to August 15, 2023

Please consider a donation to help defray the significant cost of High Holiday services and programming.

- 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 pay my/our membership dues according to the following payment schedule *(please check one):*

- One payment on July 1, 2023
- Two equal payments on July 1, 2023 and January 1, 2024
- Four equal payments on July 1, 2023; October 1, 2023; January 1, 2024 & April 1, 2024
- Twelve equal payments beginning on July 1, 2023 and ending on June 1, 2024

I/we plan to pay my/our membership dues using the following payment method *(please check one):*

- Check(s) mailed to the Shir Ami PO Box
- Paypal (donations@shir-ami.org)
- Shulcloud Portal (accounts will be set upon approval of membership)
- Other _____

Signature Member 1 _____ Date: _____

Signature Member 2 _____ Date: _____

Please 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): _____

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

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