



Membership Application Shir Chadash Conservative Congregation

Scott Hoffman - Rabbi
Esther Hendler - President

We are pleased you have chosen to join Shir Chadash. To further your involvement in the congregation, we ask you to carefully complete this Membership Application Packet.

As a traditional, egalitarian synagogue, we are committed to the idea that all Jews should be able to fully participate in the beauty of Jewish life. We are a dynamic, inclusive, vibrant congregation, formed in 1999 by the union of Tikvat Shalom and Chevra Thilim. Our membership is infused with the *ruach* of young people, and we are excited about the continued growth in our synagogue and in the Jewish community of Greater New Orleans.

Please feel free to ask any questions you might have, either about what to do or who we are. We are a community committed to learning, to supporting each other, and to being a warm and welcoming place for all who join us. Welcome to Shir Chadash, and we hope to have you as part of our family!

Please join us for family-friendly Shabbat services, every Friday night at 6:15 pm and Saturday mornings at 9:30 am.

For individual service times and additional information on Shir Chadash visit www.shirchadash.org and [www.Facebook.com/ShirChadash](https://www.facebook.com/ShirChadash) or email the synagogue office at shirchadash@shirchadash.org.

Scott Hoffman, Rabbi

rabbiscott@shirchadash.org

Barbara Kaplinsky, Membership Co-Vice President

kaplinskyb@gmail.com

Karen Sher, Membership Co-Vice President

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3737 West Esplanade Avenue
Metairie, Louisiana 70002
Phone: (504) 889-1144
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**SHIR CHADASH CONSERVATIVE CONGREGATION
MEMBERSHIP APPLICATION 2024 - 2025**

Member A: ___ Mr. ___ Mrs. ___ Ms. ___ Miss ___ Mx. ___ Dr.

Name: _____
First Last Nickname

Home Address: _____

City/State/ Zip: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: ___/___/___ E-mail: _____ Add this email address to list serve ☐

Occupation: _____ Employer: _____

Work phone: _____

Marital Status: ___ Married ___ Single ___ Engaged ___ Divorced ___ Widowed ___ Partnered

If married/engaged, wedding date: (___/___/___)

Hebrew Name in English: _____

Parents' Hebrew names: Father: _____

Mother: _____

Religion: ___ Jewish ___ Other

Member B: ___ Mr. ___ Mrs. ___ Ms. ___ Miss ___ Mx. ___ Dr.

Name: _____
First Last Nickname

Home Address: _____

City/State/ Zip: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: ___/___/___ E-mail: _____ Add this email address to list serve ☐

Occupation: _____ Employer: _____

Work phone: _____

Marital Status: ___ Married ___ Single ___ Engaged ___ Divorced ___ Widowed ___ Partnered

If married/engaged, wedding date: (___/___/___)

Hebrew Name in English: _____

Parents' Hebrew names: Father: _____

Mother: _____

Religion: ___ Jewish ___ Other

SHIR CHADASH CONSERVATIVE CONGREGATION MEMBERSHIP APPLICATION 2024 - 2025

Children:

	First & Last Name	Hebrew Name	M/F	Birthday	Grade	School
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____

Other information:

Previous Synagogue Affiliation(s): _____

How did you hear about Shir Chadash Conservative Congregation? _____

Please share with us why you decided to join Shir Chadash Conservative Congregation: _____

Are you able to chant Torah or Haftarah? Can you lead a minyan or Shabbat/Festival service? Are there any other synagogue skills you possess _____

Please share something interesting about you (and your family). _____

If you are new to the area, where did you live previously? What brought you to the New Orleans area? _____

Become involved!

I am/We are interested in becoming involved with the following committees/groups. (Please indicate **A** and/or **B** for Member A/Member B as appropriate):

<input type="checkbox"/> Caring Committee	<input type="checkbox"/> Education Committee	<input type="checkbox"/> Fundraising Committee
<input type="checkbox"/> Membership Committee	<input type="checkbox"/> Men's Club	<input type="checkbox"/> Programming Committee
<input type="checkbox"/> Publicity & Public Relations Committee	<input type="checkbox"/> Ritual Committee	<input type="checkbox"/> Sisterhood
<input type="checkbox"/> Tzedek (Social Action) Committee	<input type="checkbox"/> Other _____	

As you get settled into our community, we would love to have you become involved in synagogue life. Whether you are interested in leading services, helping to create adult education or social programming or driving an elderly member to Shabbat services, there is a place for you at Shir Chadash. Please share any special skills or interests, whether covered by the above committees/groups or not, that you have that may help us to connect you with the right person to become more involved:

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Yahrzeit information for loved ones:

It is the custom at Shir Chadash to include in our weekly Shabbat handout the names of loved ones who are no longer with us on the anniversary of their passing. You will receive a letter before the Yahrzeit date of the appropriate date to light a Yahrzeit candle. Please contact the office if you wish to purchase a plaque on our Memorial Board.

Name of Deceased	Hebrew Name	Relationship and to Whom	English Date of Passing	Hebrew Date of Passing
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I am/We are applying for _____ Full _____ Associate* _____ Non-Resident**

* If applying for Associate Membership, the applicant must be a Full Member of another New Orleans area synagogue.

I am also a full member of the following area synagogue: _____

** If applying for Non-Resident Membership, the applicant must reside outside of the Greater New Orleans area.

FOR OFFICE USE ONLY:

Date received: _____ Rabbi meeting: _____ Date approved: _____ Notification: _____

SHIR CHADASH CONSERVATIVE CONGREGATION MEMBERSHIP AGREEMENT AND DUES STRUCTURE

We are so glad that you are on your way to becoming a member of Shir Chadash this coming year!

Our dues are based on annual gross family income – that means, the combined income for the family unit. Please select the appropriate number to calculate your payment.

There are some additional costs that make up the total contribution. We assess a little extra, based on your membership category, for the United Synagogue of Conservative Judaism membership. Also included in the dues is payment for the BIMA (Building Improvement Maintenance Assessment) fund that ensures a safe and well-maintained building.

This year we introduced a higher level of giving to ensure the sustainability of Shir Chadash. These categories are termed Bronze, Silver, and Gold. If you are able, we would appreciate your additional contribution.

If your fees need adjusting, please do not hesitate to contact our office or Financial Secretary Art Lustig. We will always try to help.

<u>Category</u>	<u>Annual Gross Family Income</u>	<u>2023-2024 Total Dues</u>
___ A	Under \$30,000	\$630.00
___ B	\$30,001 - \$50,000	\$1025.00
___ C	\$50,001 - \$75,000	\$1500.00
___ D	\$75,001 - \$100,000	\$2090.00
___ E	\$100,001 - \$140,000	\$2680.00
___ Bronze	\$100,001 - \$140,000	\$3000.00
___ F	\$140,001 - \$200,000	\$3630.00
___ Silver	\$140,001 - \$200,000	\$4000.00
___ G	Over \$200,000	\$4800.00
___ Gold	Over \$200,000	\$5500.00
___ S	Associate Member (has full membership in another New Orleans area synagogue)	\$530.00
___ N	Non-Resident Member (resident outside of the Greater New Orleans area)	\$475.00

Please sign and return the form as indicated, and we welcome you to Shir Chadash!

Membership Agreement

I (we) hereby apply for membership in Shir Chadash, a Conservative Congregation affiliated with the United Synagogue of Conservative Judaism. I (we) agree to comply with all of its rules and regulations including its Articles of Incorporation, By-laws and the financial obligations of membership, and understand that in so doing, I (we) will be entitled to all of the rights and privileges of a member in good standing for the membership level for which I (we) have applied.

Member A

Signed: _____ Print Name: _____ Date: _____

Member B

Signed: _____ Print Name: _____ Date: _____

This Application should be sent to the synagogue office. Please include a check for your first installment of dues or contact the office to arrange monthly payments via credit card or ACH. All checks should be made payable to Shir Chadash Conservative Congregation. Thank you!

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www.shirchadash.org