



SHERITH ISRAEL

## New Member Application

Welcome to Sherith Israel and thank you for completing our new member form. Once we create your online account we will send you a link to complete additional details. All of your information is kept in strict confidence and used to develop programs that serve your needs.

### Adult #1

☐ Male ☐ Female ☐ Other

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Are you Jewish? ☐ Yes ☐ No

Religious Affiliation (if not Jewish): \_\_\_\_\_

Hebrew Name\* (if applicable): \_\_\_\_\_

Mobile #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

Company Name: \_\_\_\_\_

### JEWISH / HEBREW BACKGROUND

Previous Synagogue Affiliation \_\_\_\_\_

At your previous synagogue were you a:

- ☐ Board Member ☐ Committee Member  
☐ Confirmand ☐ Religious School Teacher  
☐ Service Leader ☐ Torah Reader

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Wedding Date (if applicable): \_\_\_\_\_

How would you like your mail to be addressed?: \_\_\_\_\_

Preferred correspondence salutation: Dear \_\_\_\_\_

### Adult #2 (if applicable)

☐ Male ☐ Female ☐ Other

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Are you Jewish? ☐ Yes ☐ No

Religious Affiliation (if not Jewish): \_\_\_\_\_

Hebrew Name\* (if applicable): \_\_\_\_\_

Mobile #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

Company Name: \_\_\_\_\_

### JEWISH / HEBREW BACKGROUND

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☐ Service Leader ☐ Torah Reader

\*If you do not have a Hebrew name and are interested in choosing one please contact Talia Banarie at 415.346.1720 x 117 or [tbanarie@sherithisrael.org](mailto:tbanarie@sherithisrael.org).

**CHILDREN AGED 25 AND UNDER** (if applicable)

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: \_\_\_\_\_

Jewish/Hebrew Name (if applicable): \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: \_\_\_\_\_

Jewish/Hebrew Name (if applicable): \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: \_\_\_\_\_

Jewish/Hebrew Name (if applicable): \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**YAHREZIT NOTICES** The synagogue will send yahrzeit reminder notices for your loved ones corresponding to their date of passing on the English calendar unless requested otherwise.

Name of Deceased: \_\_\_\_\_ Date of Death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Relationship: \_\_\_\_\_ ☐ To Adult 1 ☐ To Adult 2

Name of Deceased: \_\_\_\_\_ Date of Death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Relationship: \_\_\_\_\_ ☐ To Adult 1 ☐ To Adult 2

Name of Deceased: \_\_\_\_\_ Date of Death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Relationship: \_\_\_\_\_ ☐ To Adult 1 ☐ To Adult 2

Name of Deceased: \_\_\_\_\_ Date of Death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Relationship: \_\_\_\_\_ ☐ To Adult 1 ☐ To Adult 2

**EMERGENCY CONTACT INFORMATION**

**Local**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Outside of California**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please return completed form to Talia Banarie, Director of Membership, at [tbanarie@sherithisrael.org](mailto:tbanarie@sherithisrael.org) or mail to 2266 California Street, San Francisco, CA 94115



## Membership Commitment Form

We rely on our members to contribute to our community through financial and volunteer support.  
Please support our congregation as generously as you can.

Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Please select a Pledge option, schedule **and** method.

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### PAYMENT OPTIONS

- ☐ \$1,250 as I live in a household of one and am 35 years old or younger
- ☐ \$1,750 as I live in a household of more than one in which the oldest member is 35 or younger
- ☐ \$2,050 as I live in a household of one and am 36 years of age or older
- ☐ \$2,750 as I am in a household of more than one in which the oldest member is 36 or older

Consider joining **Pillars of Sherith Israel** by making an annual contribution of:

- |                                |                   |                        |
|--------------------------------|-------------------|------------------------|
| <input type="checkbox"/> _____ | \$18,000 or over  | Kavod (Honor)          |
| <input type="checkbox"/> _____ | \$10,000-\$17,999 | Brachot (Blessing)     |
| <input type="checkbox"/> _____ | \$5,400-\$9,999   | Tzedek (Righteousness) |
| <input type="checkbox"/> _____ | \$3,600-\$5,399   | Rachamim (Compassion)  |
| <input type="checkbox"/> _____ | \$3,000-\$3,599   | Nedivut (Generosity)   |
- ☐ \$1,000 as I am already a member of another synagogue and intend to maintain both memberships

\_\_\_\_\_  
Name of second synagogue

\_\_\_\_\_  
Location of second synagogue

- ☐ Please contact me to discuss a dues adjustment. The best time to reach me is \_\_\_\_\_  
\_\_\_\_\_ and the best number to call is \_\_\_\_\_.

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### PAYMENT SCHEDULE

Our synagogue operates on a budget year starting in January and that new members joining after June will have their membership prorated the first year.

- ☐ I/we wish to pay my pledge in full now.
- ☐ I/we wish to pay dues in monthly installments
- ☐ Please contact me to discuss other payment schedules.

## PAYMENT METHOD

☐ Check enclosed. *Please indicate "annual membership" in the memo line.*

☐ Credit/Debit Card

Cardholder Name: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security code: \_\_\_\_\_

Signature: \_\_\_\_\_

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

☐ Electronic Funds Transfer Authorization. I authorize Congregation Sherith Israel to transfer funds to fulfill my dues pledge on the 20th day of the month, or the closest business day. *Please log into your account on our website and provide your bank account information.*

Member Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

☐ Donor Advised Fund. *Please indicate "annual membership" in the memo line.*

☐ Donation of Securities. We will contact you to provide additional information.