



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

Previous Synagogue Affiliation _____

At your previous synagogue were you a:

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

*If you do not have a Hebrew name and are interested in choosing one please contact Nia Taylor at 415.346.1720 x 17 or ntaylor@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: _____

Yahrzeit 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 Gordon Gladstone, Executive Director, at ggladstone@sherithisrael.org or 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.

PAYMENT OPTIONS

- \$1,000 as I live in a household of one and am 35 years old or younger
- \$1,500 as I live in a household of more than one in which the oldest member is 35 or younger
- \$1,800 as I live in a household of one and am 36 years of age or older
- \$2,500 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:

- _____ \$18,000 or over Kavod (Honor)
- _____ \$10,000-\$17,999 Brachot (Blessing)
- _____ \$5,400-\$9,999 Tzedek (Righteousness)
- _____ \$3,600-\$5,399 Rachamim (Compassion)
- _____ \$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 _____.

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 "membership dues" 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 attach a voided check (or 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.