

2018-2019 Membership Application

(July 1, 2018 – June 30, 2019)



6131 Churchill Way
 Dallas, TX 75230
 Phone: 972-661-0127
 Email: director@shaaretefilla.org
 Website: www.shaaretefilla.org

FOR OFFICE USE ONLY

DATE RECEIVED _____

To Rabbi _____ Rabbi's Approval _____

To Board _____ Board Approval _____

Membership Type _____

C Contact _____ ShulCloud _____ Aliyah Card _____

EM Congrat _____ Welcome Ltr _____ SU Welcome _____

Bar/Bat Mitzvah _____ Pmt Recd/Processed _____

Name (Male) Title _____ Last _____ First _____

Name (Female) Title _____ Last _____ First _____

Residence Street _____ City/State _____ Zip _____

Marital Status _____ Anniversary _____ / _____ / _____
 Mo Day Year

If divorced, who arranged the *Get* (religious divorce)? _____
 Please provide a copy of all relevant documents.

MALE APPLICANT Date of birth ____/____/____

Home Phone _____

Work Phone _____

Mobile Phone _____

Email _____

Occupation _____

Hebrew Name: _____
 (English Spelling)

Father's name _____ Mother's name _____

English: _____

Hebrew: _____
 (English Spelling)

Check one:
 Cohen Levi Yisrael

Bar Mitzvah Parasha _____

FEMALE APPLICANT Date of birth ____/____/____

Home Phone _____

Work Phone _____

Mobile Phone _____

Email _____

Occupation _____

Hebrew Name: _____
 (English Spelling)

Father's name _____ Mother's name _____

English: _____

Hebrew: _____
 (English Spelling)

Maiden Name: _____

Are there any conversions or adoptions in your immediate family?
 If yes, please explain and provide a copy of all relevant documents:
 (Please be sure to answer this question even if answer is NO)

Please attach a recent individual
 passport-sized photo of EACH adult
 applicant in this space. Photos can also be
 submitted by email to shaaretefilla@gmail.com

SPONSORSHIP: Please enter the name of the Shaare Tefilla member(s) who recommended that you should become a member here or list any Shaare members that you know in the space below:

PREVIOUS CONGREGATIONAL AFFILIATION (Name & City) _____

How Long? _____ Outstanding financial obligations? ___Yes ___No

If yes, please explain _____

CHILDREN LIVING AT HOME						
Full Name	Birth Date	*Time of Birth	Gender	School	Grade	Hebrew Name (English Spelling)

***IMPORTANT: Approx Time of birth is NEEDED to calculate your child's correct Bar/Bat Mitzvah Date!**

CHILDREN LIVING ON THEIR OWN				
Full Name	Birth Date	Place of Residency	Spouse/No. of Children	Hebrew Name (English Spelling)

Yahrzeit Record (additional names may be written in on the back of this page)

Name of Departed <i>(Must include name of departed's father)</i>	Date of Passing	Relationship (Specify applicant)
English _____	Secular (MM/DD/YY) _____	_____
Hebrew (English Spelling) _____	Jewish (MM/DD/YY) _____	_____
English _____	Secular (MM/DD/YY) _____	_____
Hebrew (English Spelling) _____	Jewish (MM/DD/YY) _____	_____
English _____	Secular (MM/DD/YY) _____	_____
Hebrew (English Spelling) _____	Jewish (MM/DD/YY) _____	_____
English _____	Secular (MM/DD/YY) _____	_____
Hebrew (English Spelling) _____	Jewish (MM/DD/YY) _____	_____

ANNUAL DUES: Membership Type _____ (Select from list below)

Please indicate your dues level & attach check(s) or provide complete credit card info below.

(Select one from table below)

Full Membership Types	Family	Single
Patron	\$15,000	\$15,000*
Benefactor	\$10,000	\$10,000*
Builder	\$ 5,000	\$ 5,000*
Supporter	\$ 3,600	\$ 3,600
Pillar	\$ 2,500	\$ 2,500
Chai Member	\$ 1,800	\$ 1,800
Standard *See Under-35 Sidebar about Seats	\$ 1,525	\$ 950
Under 30 *See Under-35 Sidebar about Seats	\$ 850	\$ 550
Full Time Student	\$ 450	\$ 300
Senior (Over 65)	\$ 900	\$ 575

*Includes 2 High Holiday Seats

****Under 35 Family Membership**

NOTE: BOTH MEMBERS must be **UNDER 35** as of our annual **FISCAL** renewal date (JUL 1st).

For families in which **BOTH SPOUSES** are **under 35** years of age as of July 1, your membership now **INCLUDES 2 HIGH HOLIDAY SEATS FOR NO ADDITIONAL CHARGE** (These seats are for use by the immediate family—**they are NOT transferable to others**).

As part of this benefit, we ask such under-35 families to agree to participate in (at least) one volunteer activity on behalf of the synagogue. Please see **last page of renewal form** to sign up for our list of Volunteer Opportunities!

Associate Membership Types	Family	Single
Sponsor Level	\$600	\$400
Associate Standard	\$400	\$300

Important: Associate Membership available only to family/individual currently holding full membership at another synagogue.

Primary Synagogue Affiliation (incl. telephone no.): _____

Dues Commitment: \$ _____

Method of Payment: Check Credit Card

Dues Payment Plan (Please Check One):

<input type="checkbox"/> Pmt in full	<input type="checkbox"/> 2 Pmts (Today, 1 st of Next Month)	<input type="checkbox"/> 4 Pmts (Today, 1 st of next 3 months)	<input type="checkbox"/> 8 Pmts (Today, 1 st of next 7 months)
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We are determined not to let financial hardship serve as an obstacle to joining our synagogue. If our dues structure presents a difficulty for your family, please send an email to robertliener@shaaretefilla.org to work out a mutually agreeable arrangement.

This remittance form **MUST** be accompanied by one of the following: **(1) payment in full, (2) a currently dated check and the remaining post-dated checks, (3) a credit card number that will be kept on file in the synagogue office and charged as per your instructions above.** For security, you may call the office at 972.661.0127 with the credit card info requested below, if you prefer.

Cardholder: (Please print) _____ Card Zip Code _____

Card Type: MC Visa AmEx Card # _____

Billing Addr _____

Card Exp. Date: _____ Security Code _____ Signature: _____

_____ Initial here: Please use this credit card to **pay ALL charges appearing on my statement** over the course of the year.

VOLUNTEERISM

Is Contagious. Catch it!



Please checkmark one or more of the following volunteer opportunities. We encourage **ALL** of our members to commit to at least one mitzvah!

- | | | |
|--|--|---|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Adult Programming | <input type="checkbox"/> Childcare Assistance |
| <input type="checkbox"/> Chevra Kadisha | <input type="checkbox"/> Communications/Publications | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Grocery/Item Pickup | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Kiddush/Prep/Setup |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Ritual Committee |
| <input type="checkbox"/> Security Committee | <input type="checkbox"/> Youth Programming | |
| <input type="checkbox"/> Other _____ | | |

***Under 35 Family Membership (\$1525):** For families in which BOTH SPOUSES are under 35 years of age as of July 1, your membership now INCLUDES 2 HIGH HOLIDAY SEATS FOR NO ADDITIONAL CHARGE (the seats are for use by the immediate family—they are not transferable to others).

As part of this benefit, we ask such under-35 families to agree to participate in (at least) one volunteer activity on behalf of the synagogue by selecting from the above.