

# **Congregation Shaarei Kodesh Application for Membership**



*A Conservative synagogue affiliated with The United Synagogue of Conservative Judaism*

**Shaarei Kodesh is Hebrew for Gates of Holiness.**

**We are a congregation whose mission is reflective of our name.**

**We strive to be a place where we:**

- Create positive, meaningful, participatory experiences of prayer, celebration and learning.
- Cultivate attitudes of reverence, humility and gratitude towards God and God's creations.
- Build a *kehillah kedoshah* – a holy community, where members help and support each other and join together in times of joy and need.
- Promote a strong commitment to both Israel and Judaism.
- Participate in repairing the world, *tikkun olam*, through social action programs.

## **Benefits of Membership**

### **Clergy**

Our wonderful, full-time Rabbi is available to members for counseling, spiritual guidance, sick visits and congregant needs. Our talented Cantor is innovative, creative and makes every service a true spiritual, musical experience.

### **Life Cycle Events**

Come together for life-cycle events! Aufruf, Marriage Ceremony, Brit Milah, Brit Bat (baby naming), Bar/Bat Mitzvah, Funeral, Shiva observances and Unveiling.

### **Worship Services**

Shabbat and High Holy Day Services, Festivals, Minyanim, Yahrzeit minyans upon request. Babysitting available at most services.

### **Synagogue Programs**

Shabbat dinners, Sisterhood, Book Club, Family Programming, Adult Education & Social Events, Youth Group, Mah Jongg, Social Action Projects, Havdalah services, etc...throughout the year.

### **Religious School and Youth Groups**

Interactive, fun, dynamic religious school! Grade K – Teen Education and Youth Groups for 3<sup>rd</sup> – Teen (USY)

### **Warm Jewish Community**

In the spirit of *gemilut chasadim* - acts of loving kindness, we care for our synagogue community in their times of need and times of joy.

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Join us as we fulfill our mission – to journey together on a path to holiness!

TODAY'S DATE: \_\_\_\_\_

## **MEMBER 1**

Last name  
(Dr.\Mr.\Mrs.\Ms.): \_\_\_\_\_  
Nickname: \_\_\_\_\_  
Address: \_\_\_\_\_  
Second Address: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_  
Home Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Preferred Pronoun: He/His, She/Hers, They/Them  
Single\_\_ Married \_\_Partnered\_\_ Widowed\_\_ Divorced\_\_  
Hebrew Name: \_\_\_\_\_  
(Please use English letters)  
Non-Jewish: \_\_\_\_\_ (Religion practiced: \_\_\_\_\_)

First Name: \_\_\_\_\_  
Date of Birth: mm \_\_\_\_ dd \_\_\_\_ yyyy \_\_\_\_ Evening \_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
Second Phone: ( ) \_\_\_\_\_  
Cell Phone\*: ( ) \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Anniversary: mm \_\_\_\_ dd \_\_\_\_ yyyy \_\_\_\_  
Hebrew Name: Father \_\_\_\_\_ Mother \_\_\_\_\_  
Father's Tribe: (Circle one) Cohen / Levi / Israelite  
Permission to photograph/video: Y / N

## **MEMBER 2**

Last name  
(Dr.\Mr.\Mrs.\Ms.): \_\_\_\_\_  
Nickname: \_\_\_\_\_  
Address: \_\_\_\_\_  
Second Address: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_  
Home Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Preferred Pronoun: He/His, She/Hers, They/Them  
Single\_\_ Married \_\_Partnered\_\_ Widowed\_\_ Divorced\_\_  
Hebrew Name: \_\_\_\_\_  
(Please use English letters)  
Non-Jewish: \_\_\_\_\_ (Religion practiced: \_\_\_\_\_)

First Name: \_\_\_\_\_  
Date of Birth: mm \_\_\_\_ dd \_\_\_\_ yyyy \_\_\_\_ Evening \_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
Second Phone: ( ) \_\_\_\_\_  
Cell Phone\*: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Anniversary: mm \_\_\_\_ dd \_\_\_\_ yyyy \_\_\_\_  
Hebrew Name: Father \_\_\_\_\_ Mother \_\_\_\_\_  
Father's Tribe: (Circle one) Cohen / Levi / Israelite  
Permission to photograph/video: Y / N

\* Will you accept text messages from Congregation Shaarei Kodesh? YES  NO

Local Emergency Contact (optional) \_\_\_\_\_

Phone # \_\_\_\_\_

# Congregation Shaarei Kodesh Application for Membership

## **CHILD (1) UNDER 26 YEARS OLD**

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

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

Nickname: \_\_\_\_\_

School: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_  
(Please use English letters)

Ben/Bat \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
mm dd yyyy Evening \_\_\_\_\_

Preferred Pronoun: He/His, She/Hers, They/Them

Is Child living at main address? \_\_\_\_Y \_\_\_\_N  
Are you interested in enrolling your child in Religious  
School? Y / N

Current Grade: \_\_\_\_\_  
If no, indicate  
address: \_\_\_\_\_

Permission to photograph/video: Y / N

## **CHILD (2) UNDER 26 YEARS OLD**

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

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

Nickname: \_\_\_\_\_

School: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_  
(Please use English letters)

Ben/Bat \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
mm dd yyyy Evening \_\_\_\_\_

Preferred Pronoun: He/His, She/Hers, They/Them

Is Child living at main address? \_\_\_\_Y \_\_\_\_N  
Are you interested in enrolling your child in Religious  
School? Y / N

Current Grade: \_\_\_\_\_  
If no, indicate  
address: \_\_\_\_\_

Permission to photograph/video: Y / N

## **CHILD (3) UNDER 26 YEARS OLD**

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

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

Nickname: \_\_\_\_\_

School: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_  
(Please use English letters)

Ben/Bat \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
mm dd yyyy Evening \_\_\_\_\_

Preferred Pronoun: He/His, She/Hers, They/Them

Is Child living at main address? \_\_\_\_Y \_\_\_\_N  
Are you interested in enrolling your child in Religious  
School? Y / N

Current Grade: \_\_\_\_\_  
If no, indicate  
address: \_\_\_\_\_

Permission to photograph/video: Y / N

Please make a copy of this page and attach to application for additional children.

# Congregation Shaarei Kodesh Application for Membership

## Yahrzeit Information

1. _____ Full English Name	____/____/____ Date of Death	_____ Hebrew Date of Death
_____ Hebrew Name (Please use English letters)	_____ Observer	_____ Relationship to Deceased
2. _____ Full English Name	____/____/____ Date of Death	_____ Hebrew Date of Death
_____ Hebrew Name (Please use English letters)	_____ Observer	_____ Relationship to Deceased
3. _____ Full English Name	____/____/____ Date of Death	_____ Hebrew Date of Death
_____ Hebrew Name (Please use English letters)	_____ Observer	_____ Relationship to Deceased

**Morning and Evening Minyans to observe a Yahrzeit are available upon request. Please contact the office for more information.**

### **Membership Dues : Please call the office for information on a cash or check discount.**

**(Please note that there is a security assessment in addition to dues: \$150/Family or \$75/Individual.)**

_____ Full Family Membership (age 35 and above)	\$1780	Includes High Holy Day tickets for 2 adults and children under 26
_____ Young Family (oldest spouse under 35)	\$ 630	Includes High Holy Day tickets for 2 adults and children under 26
_____ Individual	\$ 850	Includes one High Holy Day ticket
_____ Young Individual (under 35)	\$ 330	First year \$90 - Includes one High Holy Day ticket
_____ Single Parent Family	\$1290	Includes High Holy Day tickets for 1 adult and children under 26
_____ Associate Family (2 <sup>nd</sup> membership)	\$ 850	No High Holy Day tickets
_____ Individual Associate (2 <sup>nd</sup> membership)	\$ 630	No High Holy Day tickets
_____ Senior Family (70+ years)	\$ 1290	Includes High Holy Day tickets for 2 adults
_____ Individual Senior (70+ years)	\$ 705	Includes one High Holy Day ticket
_____ CSK 360	\$ 360	Introductory FIRST YEAR ONLY membership rate

\_\_\_\_\_ No one will be refused membership for inability to pay dues in full. Please check here if you would like our Chesed representative to contact you regarding dues abatement. All information will be kept confidential.

\*\*\*\*\*  
I/we herewith apply for membership at Congregation Shaarei Kodesh, and agree to pay annual dues and other fees as fixed by the Congregation Shaarei Kodesh Board of Trustees. I/we agree and understand that the fiscal year begins on July 1 and that Congregation Shaarei Kodesh relies on my/our dues and program fees for support. I/we agree to pay all charges to our account when due. I/we also understand and agree that I/we am/are responsible for the entire year's dues and fees, should the resignation be submitted during any given fiscal year. No refunds will be given.

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