

MEMBERSHIP APPLICATION

Our Congregation's Pledge to You and Your Family

Welcome to the Membership Process

When you join Shomrei Torah, you shall have...

- A sensitive and caring community where you will be welcomed and included, and where everyone can find a meaningful role.
- A congregation committed to compassionate social action as a Jewish responsibility to the greater community.
- Organized educational experiences for adults and children, which will enrich your understanding and love of Torah.
- An opportunity to joyfully worship God in community.
- A congregation that supports Israel and the Jewish people wherever they are.

Congregation Shomrei Torah (CST) values inclusion. We are a vibrant Jewish community in Sonoma County for people of all sexual/gender identities and we welcome families with both Jewish and non-Jewish backgrounds.

In joining CST, it is our belief that you and your family make a covenant with us. We welcome and encourage our members to participate in synagogue life and honor our Jewish culture and values. Together we will help celebrate the accomplishments of other members, as well as provide emotional support to those in crises. Each member will strive to meet all financial obligations in a timely fashion.

We are committed to a Fair Share dues structure, which allows each member/family to contribute at a level that is appropriate for them. You will determine your annual amount privately in a confidential discussion with our Executive Director, who will explain our Fair Share pledge program. You will determine your dues amount based upon your actual capabilities to contribute.

Once you have returned your application and Fair Share pledge, and your initial contribution, you will receive a call verifying that it has been received. The Board of Directors will review your application at the next regularly scheduled Board meeting (the 2nd Thursday of each month) and once approved, you will receive a welcoming letter from the Board President, Rabbi Gittleman and Rabbi Kramer.

We look forward to welcoming you to the CST family!

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MEMBERSHIP APPLICATION (Please Print)

Application Date _____

| PERSONAL INFORMATION | Adult Member (A) | Adult Member (B) |
|---|--|--|
| Name(s) <i>First Middle Last</i> | | |
| Preferred Name (if different from above) | | |
| Hebrew Name (if known) | | |
| Gender Preferred Pronoun | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____ | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____ |
| Personal Status | <input type="checkbox"/> Single <input type="checkbox"/> Married (date) _____ <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____ | <input type="checkbox"/> Single <input type="checkbox"/> Married (date) _____ <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____ |
| Date of Birth | | |
| Birthplace | | |
| Former City/State of Residence | | |
| Is one adult member Jewish (Yes/No)? | | |
| Community Affiliations | | |
| Any family members currently members of CST? (Yes/No) | | |
| CONTACT & BUSINESS INFO. | Adult Member (A) | Adult Member (B) |
| Home Street Address | | |
| City, State, Zip | | |
| Mailing Address (if Different from Home) | | |
| Home Phone | | |
| Cell Phone | | |
| Email(s) | | |
| Occupation/Title | | |
| Employer Name | | |
| Employer Street Address | | |
| Employer City, State, Zip | | |

MEMBERSHIP APPLICATION (Please Print)

| CONTACT & BUSINESS (cont.) | Adult Member (A) | | Adult Member (B) | |
|--|---|---------|---|---------|
| Business Phone | | | | |
| Business Fax | | | | |
| Business Email | | | | |
| Preference for receiving temple communications | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Preferred Email _____ <input type="checkbox"/> Preferred Phone _____ | | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Preferred Email _____ <input type="checkbox"/> Preferred Phone _____ | |
| Emergency Contact | Name _____ Phone _____ Relationship _____ | | Name _____ Phone _____ Relationship _____ | |
| | | | | |
| CHILDREN'S INFORMATION | Child 1 | Child 2 | Child 3 | Child 4 |
| First and Middle Name | | | | |
| Last Name | | | | |
| Hebrew Name (if known) | | | | |
| Birth Date and Grade | | | | |
| Address (if not residing with you) | | | | |
| Is this child being raised Jewish? | | | | |
| Bar/Bat Mitzvah Date | | | | |
| Bar/Bat Mitzvah Congregation, City | | | | |
| RELIGIOUS SCHOOL | Child 1 | Child 2 | Child 3 | Child 4 |
| Child's Name | | | | |
| Age and Grade | | | | |
| Email Address | | | | |

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| COLLEGE OUTREACH | Child 1 | Child 2 | Child 3 | Child 4 |
|--|------------------|------------------|---------|---------|
| Student's Name | | | | |
| College | | | | |
| Address | | | | |
| Email Address | | | | |
| Phone | | | | |
| Yahrzeit Information (Anniversary of Death) | Adult Member (A) | Adult Member (B) | | |
| Name of Deceased and Relationship | | | | |
| Date of Death | | | | |
| Name of Deceased and Relationship | | | | |
| Date of Death | | | | |
| Name of Deceased and Relationship | | | | |
| Date of Death | | | | |
| Name of Deceased and Relationship | | | | |
| Date of Death | | | | |
| Please let us know which calendar you would like used for our records? (Western Calendar/Hebrew Calendar) | | | | |

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| OPPORTUNITY FOR PARTICIPATION | Adult Member (A) | Adult Member (B) |
|---|--|--|
| <p>Joining a congregation is an opportunity to make a spiritual and emotional connection and the way that happens is through your participation. Your involvement strengthens our community and makes being a member more meaningful.</p> <p>Please indicate areas of potential interest.</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Adult Learning <input type="checkbox"/> Social Action/Tikkun Olam <input type="checkbox"/> Communications & Publicity <input type="checkbox"/> Music –Choir, Band <input type="checkbox"/> Men’s Club <input type="checkbox"/> Environmental Action <input type="checkbox"/> Oneg <input type="checkbox"/> Chavurah <input type="checkbox"/> Holidays <input type="checkbox"/> Office Work <input type="checkbox"/> Budget & Finance <input type="checkbox"/> Religious School <input type="checkbox"/> Sick & Bereaved <input type="checkbox"/> Community Outreach <input type="checkbox"/> Fundraising <input type="checkbox"/> Writing/Editing Other _____ _____ _____ | <ul style="list-style-type: none"> <input type="checkbox"/> Adult Learning <input type="checkbox"/> Social Action/Tikkun Olam <input type="checkbox"/> Communications & Publicity <input type="checkbox"/> Music –Choir, Band <input type="checkbox"/> Men’s Club <input type="checkbox"/> Environmental Action <input type="checkbox"/> Oneg <input type="checkbox"/> Chavurah <input type="checkbox"/> Holidays <input type="checkbox"/> Office Work <input type="checkbox"/> Budget & Finance <input type="checkbox"/> Religious School <input type="checkbox"/> Sick & Bereaved <input type="checkbox"/> Community Outreach <input type="checkbox"/> Fundraising <input type="checkbox"/> Writing/Editing Other _____ _____ _____ |
| TALENT AND INTEREST SURVEY | Adult Member (A) | Adult Member (B) |
| <p>Not everyone can lead a committee or attend regular meetings but that doesn’t mean your talents are not needed for special events or celebrations.</p> <p>Please let us know about your passions or interests.</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Cooking/Baking <input type="checkbox"/> Painting <input type="checkbox"/> Writing <input type="checkbox"/> Gardening <input type="checkbox"/> Carpentry/Electrical Ability <input type="checkbox"/> Israeli Dancing <input type="checkbox"/> Travel <input type="checkbox"/> Hebrew Tutoring <input type="checkbox"/> Drama/Theatre <input type="checkbox"/> Working with Kids <input type="checkbox"/> Public Relations <input type="checkbox"/> Graphic Design/Website <input type="checkbox"/> Musician <input type="checkbox"/> Driving <input type="checkbox"/> Sewing/Needlework <input type="checkbox"/> Crafts Other _____ _____ _____ | <ul style="list-style-type: none"> <input type="checkbox"/> Cooking/Baking <input type="checkbox"/> Painting <input type="checkbox"/> Writing <input type="checkbox"/> Gardening <input type="checkbox"/> Carpentry/Electrical Ability <input type="checkbox"/> Israeli Dancing <input type="checkbox"/> Travel <input type="checkbox"/> Hebrew Tutoring <input type="checkbox"/> Drama/Theatre <input type="checkbox"/> Working with Kids <input type="checkbox"/> Public Relations <input type="checkbox"/> Graphic Design/Website <input type="checkbox"/> Musician <input type="checkbox"/> Driving <input type="checkbox"/> Sewing/Needlework <input type="checkbox"/> Crafts Other _____ _____ _____ |

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| GENERAL | Adult Member (A) | Adult Member (B) |
|--|------------------|------------------|
| <p>What benefits of synagogue membership are most important to you?</p> | | |
| <p>Is there anything else that you would like us to know about your family's history or your hopes and plans as you explore becoming a member of Congregation Shomrei Torah?</p> | | |

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THE VOICE

New members are introduced in our monthly newsletter, THE VOICE. In building strong community through our members we include the names of family members, your address, phone numbers, e-mail address(es) and occupations so that other members can learn about you and how to contact you.

We offer you the opportunity at this time to indicate your preference by initialing one of the following:

- Yes, you may publish this information.
- Yes, you may publish this information except for:

- No, please do not publish this information.

Pictures of Congregation activities are published in the Voice, the Website, and very occasionally, in the press.

We do not publish names in the captions.

- I do NOT want my photo used or published at anytime.

Signature: _____ Date: _____