

Temple Shearith Israel
 46 Peaceable Street Ridgefield, Connecticut 06877 203-438-6589
MEMBERSHIP APPLICATION
 Please print

Date: _____

Instructions:

If application is for a Family Membership, please complete Member A information for husband and Member B for wife.

A single member is defined as either (1) an unmarried adult, or (2) a single head of household for federal income tax purposes. All others are family members. If application is for a single membership, please complete Member A information only.

MEMBER A	MEMBER B
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.
Last Name	Last Name
First Name	First Name
Hebrew Name	Hebrew Name
Birthday: Month Day Year	Birthday: Month Day Year
Jewish <input type="checkbox"/> Other	Jewish <input type="checkbox"/> Other
Cell Phone	Cell Phone

Residence Address	
Billing Address if different	
Phone	
Family Email Address	Family Fax Number

MEMBER A	MEMBER B
Occupation	Occupation
Firm Name	Firm Name
Address	Address
City, State, Zip	City, State, Zip
Phone	Phone
Email	Email

Office use only

Entered in accounting system:
Entered in temple database:

CHILDREN RESIDING WITH YOU

Last Name	First Name	Hebrew Name	Sex	Birth Date	Grade

CHILDREN NOT RESIDING WITH YOU

Last Name	First Name	Address	City	State	Zip

We encourage all of our members to become involved in temple activities. Please indicate A for Member A and/or B for Member B after the following activities in which you are interested.

Adult Education ___ Brotherhood ___ Conversion Classes ___ Education ___ Fund Raising ___ Membership ___
 Ritual ___ Sisterhood ___ Social Activities ___ Social/Community Events ___ Youth Activities ___ Other _____

Are there any support services you can give or share with the Congregation? Yes No If yes, please describe:

Do you own cemetery property? If so, where _____

PLEASE LIST THE NAMES AND DATES OF LOVED ONES WHOSE YAHRZEIT YOU WISH ACKNOWLEDGED DURING SERVICES

NAME	HEBREW NAME	RELATIONSHIP	DATE OF DEATH*

* OUR TEMPLE RECORDS DATE OF DEATH USING THE SECULAR CALANDER

PREVIOUS CONGREGATIONAL AFFILIATION: _____
 Name of Congregation City State

How long ago? _____ Any outstanding financial obligation? Yes No

Were you referred to Shearith Israel? Yes No If so, by whom _____

I/we hereby make application to become a member of Temple Shearith Israel.

I/we pledge Annual Membership Dues in the amount of \$ _____.

Signature A _____

Signature B _____

Date _____

We welcome you to Temple Shearith Israel