



Congregation Shearith Israel

9401 Douglas Avenue, Dallas, Texas 75225

214.939.7310 Fax 214.939.7370

kbabin@shearith.org www.shearith.org

Shalom, Welcome to Congregation Shearith Israel. We are delighted that you have chosen to become part of our community. If you have any questions, please reach out to us. Also, please know that all information will be kept confidential.

Congregation Information

ADULT ONE Gender _____

Mr. Mrs. Ms. Dr. Other _____

First Name _____ MI _____

Informal First Name (if preferred) _____

Last Name _____

Hebrew Name _____

Birthdate ___/___/___

Cell _____

Email _____

ADULT TWO Gender _____

Mr. Mrs. Ms. Dr. Other _____

First Name _____ MI _____

Informal First Name (if preferred) _____

Last Name _____

Hebrew Name _____

Birthdate ___/___/___

Cell _____

Email _____

Single Married (Wedding Date ___/___/___) Partnered Engaged Separated Divorced Widowed

Home Address _____ Apt _____

City _____ State _____ Zip _____ Home Phone _____

Religious Background

Previous Synagogue Affiliation:

Are you (circle one):

Jewish by birth | Jewish by choice | Not Jewish

If you circled Jewish by choice, please share conversion details (Synagogue, Rabbi, Date of conversion, etc.):

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How did you hear about Congregation Shearith Israel?

Google

Friends or Family

Word of mouth

Texas Jewish Post

Other: _____

ADULT ONE

Occupation _____

Employer _____

Type of Business _____

Work Phone _____

Community Involvement

Activities, board affiliations, volunteer or related experiences _____

ADULT TWO

Occupation _____

Employer _____

Type of Business _____

Work Phone _____

Community Involvement

Activities, board affiliations, volunteer or related experiences _____

Family Information

CHILD ONE First Name _____ MI _____ Informal First Name (if preferred) _____
Last Name _____ Gender: _____ Birthdate __/__/____
Hebrew Name _____ School _____

CHILD TWO First Name _____ MI _____ Informal First Name (if preferred) _____
Last Name _____ Gender: _____ Birthdate __/__/____
Hebrew Name _____ School _____

CHILD THREE First Name _____ MI _____ Informal First Name (if preferred) _____
Last Name _____ Gender: _____ Birthdate __/__/____
Hebrew Name _____ School _____

CHILD FOUR First Name _____ MI _____ Informal First Name (if preferred) _____
Last Name _____ Gender: _____ Birthdate __/__/____
Hebrew Name _____ School _____

Friends and Family Affiliated with Shearith

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Emergency Contact

Name _____ Relationship _____

Phone # _____ Address _____

Yahrzeit Observance

Please provide the names and dates of death of loved ones for whom you would like to receive Yahrzeit notification.

Yahrzeit ONE

Name of Deceased _____ (as it should appear in the listings)
Relative of _____ Relationship _____
Date of Death __/__/____ Time of death after sundown Y / N

Yahrzeit TWO

Name of Deceased _____ (as it should appear in the listings)
Relative of _____ Relationship _____
Date of Death __/__/____ Time of death after sundown Y / N

Yahrzeit THREE

Name of Deceased _____ (as it should appear in the listings)
Relative of _____ Relationship _____
Date of Death __/__/____ Time of death after sundown Y / N

Yahrzeit FOUR

Name of Deceased _____ (as it should appear in the listings)
Relative of _____ Relationship _____
Date of Death __/__/____ Time of death after sundown Y / N

Yahrzeit FIVE

Name of Deceased _____ (as it should appear in the listings)
Relative of _____ Relationship _____
Date of Death __/__/____ Time of death after sundown Y / N

Dues

Membership at Shearith is an investment in the vibrant, warm and diverse community that we are building together. From lower ticket prices for programs, to Rabbinic support for life cycle events, your membership not only supports programs, classes and initiatives, but also makes them accessible to our members. Your spiritual growth and connection to a community is important to us. Below are a list of membership levels available to all members of our community:

Benefactor – We offer four levels of Benefactor dues; Mensch, Supporter, Partner and Patron. Our voluntary Benefactor structure helps us provide assistance to those who cannot contribute at the full dues level. It is our hope that those congregants that are financially able will choose one of our Benefactor dues levels.

Individual – Single member with or without children.

Family – Married couple or two individuals living together in a partnered relationship, with or without children.

Kehillah – Join the JCC and Congregation Shearith Israel for one affordable price. If you are a young adult between the ages of 21-29, you can take full advantage of the Kehillah program, a partnership between the Aaron Family Jewish Community Center of Dallas and Congregation Shearith Israel. The Kehillah program is a unique way to become involved in the greater Jewish community. Participants receive full membership privileges to the JCC, including the fitness center, as well as at Shearith. For more information, please contact the JCC Membership Department at 214-739-2737.

Associate Membership – For those who belong to several synagogues or live beyond commuting distance of Shearith Israel but wish to remain connected to our community. Does not come with High Holy Day tickets.

Married By Clergy – If you have been married by one of our clergy members, you qualify for this great membership. Members will receive one complimentary year of membership with High Holy Day seats in Kaplan Auditorium*.

Choose Your Dues – Are you new to the area? Or are you under the age of 30? You can then take advantage of our new membership option! If you are new to the area and our Synagogue, you will receive this option for one year. If you are under the age of 30, you will receive this membership until you turn 30! Members will be able to name their price with us and receive a High Holy Day ticket in Kaplan Auditorium*.

* If you are interested in sitting in a section other than Kaplan, we ask members to pay the difference between the tickets. *Please note that no one will ever be turned away from our Shul due financial constraints. If you need financial assistance, please leave this part blank and contact Katie Babin at kbabin@shearith.org*

Using the attached Membership Dues infographic, please select the dues level for you or your family. Please keep in mind that all dues include High Holiday seating for Rosh Hashanah and Yom Kippur, except Associate Membership.

Benefactor

Mensch ____

Supporter ____

Partner ____

Patron ____

Kehillah ____

*Associate ____

Married by Rabbi ____

Choose Your Dues ____

Single

Kaplan/Beit Aryeh ____

Beck/Main Foyer ____

Aaron Sanctuary ____

Family

Kaplan/Beit Aryeh ____

Beck/Main Foyer ____

Aaron Sanctuary ____

*Please include the name and location of the Synagogue with whom you have your other membership:

Dues (continued)

___ I will pay by check

___ I will be using a Visa or Mastercard**

___ I will do ACH (bank withdrawal)

**Please note that with all credit card payments, there will be a 3% processing fee.

Memberships can be paid on a month-by-month, quarterly or yearly basis via debit, credit or e-check

Credit Card Authorization Form

CHECK ENCLOSED Check Number _____ Amount \$ _____

VISA MASTERCARD *There will be an additional 3% processing fee added to all credit card charges.*

Name _____ Phone _____

Credit Card Billing Address _____ City, State, Zip _____

_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-
Credit Card Number (16 digits)

Expiration Date ____/____/____ VIN _____

The issuer of the card identified on this item is authorized to pay the amount shown as total upon proper presentation. I promise to pay such total (together with any charges due thereon) subject to and in accordance with the agreement governing the use of such card.

X _____
Cardholder Signature

CSI Bank Debit Authorization Form

Member name(s) _____

Name on bank account _____

Address _____

City, ST and zip code _____

In order to process an ACH debit from your bank account, please provide the following:

Bank name _____

Bank account number _____

Bank routing number _____

Account type (checking or savings) _____

Amount to be withdrawn every month _____

Date to withdraw _____

I hereby authorize Congregation Shearith Israel to debit from my bank account the amount that I have listed above.

Signed _____

Date _____

Interests and Involvement

At Shearith Israel there are many ways to get involved! Please indicate your interests in one or more of the following areas by marking the check boxes.

Are you interested in:

- SIFterhood
- Family Center (for families with children 0-4 years old)
- 20s and 30s/Young Professionals
- Empty Nesters
- Pillars: Hazak (adults age 65+)
- College Connection (sending care packages to students in post-high school programs and meeting other "empty nester" families)
- Social Action
- Adult learning
- Jewish parenting classes
- Gaining ritual skills (leading services, reading torah, etc.)
- Leadership/board training

How can you serve the community:

- Leading services
- Israel advocacy
- Choir and music groups
- Religious School Advisory
- Reading Torah
- Delivering meals to those in need
- Ushering for events
- Greeting at services
- Making a Minyan
- Providing rides to Shul for those who are in need
- Bikkur Cholim (visiting the sick at home/hospital)
- Fundraising
- Leading community races and awareness walks (Bagel Run, ADL Walk Against Hate, etc.)
- Hosting an event in your home (learning, Shabbat dinner, welcoming new members)

Our Klei Kodesh love to meet with new members to get to know you better. Would you like them to contact you to set up a meeting? **Y / N**

How can we help you feel at home at Shearith?



Congregation Shearith Israel Media Release

I hereby authorize Congregation Shearith Israel to use my photo and/or information for the use of publications, including electronic publications, audiovisual presentations, promotional literature, advertising, community presentations, and media and/or other similar ways.

I further acknowledge that neither I nor any other party who may share ownership of the property described above (whether in the past or future), will receive financial compensation of any type associated with the taking or publication of these photographs or participation in Congregation Shearith Israel publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever and that participation is voluntary.

I hereby release Congregation Shearith Israel, its contractors, its employees and any third parties involved in the creation or publication of marketing materials from liability for any claims by me or any third party in connection with my participation.

Authorization

Adult Name 1: _____

Adult Name 2: _____

Child's Name 1: _____ Child's Name 2: _____

Child's Name 3: _____ Child's Name 4: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

