



Membership Application Shaare Torah

PO Box 83598, Gaithersburg, MD 20883
301-869-9842

www.shaaretorah.org • info@shaaretorah.org

We are delighted that you are considering membership at Shaare Torah. Completed applications and a \$25 non-refundable application fee should be mailed to: Shaare Torah Membership, PO Box 83598 Gaithersburg, MD 20883. Please expect 2-3 weeks for a response. We look forward to including you in the Shaare Torah family!

Household Information:

Name(s): _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home telephone: (____) _____ Neighborhood/subdivision: _____

E-mail: _____ (Billing statements will be sent to this e-mail address)

Prior Synagogue Affiliation: _____

Membership Category (see last page for descriptions and fees):

- | | | |
|--|--|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Family | <input type="checkbox"/> Single Parent Family |
| <input type="checkbox"/> Individual over 65 | <input type="checkbox"/> Family over 65 | <input type="checkbox"/> Special Family |
| <input type="checkbox"/> Individual under 30 | <input type="checkbox"/> Family under 30 | <input type="checkbox"/> Other Special Membership |
| <input type="checkbox"/> Related Individual | <input type="checkbox"/> Related Family | |

First adult:

Full Name: _____ Nickname: _____

Occupation: _____ Employer: _____

Work Phone: (____) _____ Work E-mail: _____

Hebrew name (use Hebrew or English characters) _____

Mother's Hebrew name: _____

Father's Hebrew name: _____

- Kohen Levi Yisrael

Birth date: _____ Bar/Bat Mitzvah Portion (if known): _____

Yahrzeits (Anniversaries of deaths of loved ones):

Name	Relationship	Hebrew/English Date of Death

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Second adult (if applicable):

Full Name: _____ Nickname: _____

Occupation: _____ Employer: _____

Work Phone: (_____) _____ Work E-mail: _____

Hebrew name (use Hebrew or English characters) _____

Mother's Hebrew name: _____

Father's Hebrew name: _____

Kohen Levi Yisrael

Birth date: _____

Wedding Anniversary (if applicable): _____

Bar/Bat Mitzvah Portion (if known): _____

Yahrzeits (Anniversaries of deaths of loved ones):

Name	Relationship	Hebrew/English Date of Death
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Children:

Name	Hebrew name	Birth date	School / Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Would you like more information about ...

- Religious education
- Nursery School
- Bar/bat mitzvah preparation

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Shaare Torah takes pride in its tradition of encouraging active participation in synagogue programming, organizational leadership, and religious ritual. The following sections will help us learn about your interests:

Please check any areas of interest:

	1st adult	2nd adult		1st adult	2nd adult
Social programs	<input type="checkbox"/>	<input type="checkbox"/>	Long Range Planning	<input type="checkbox"/>	<input type="checkbox"/>
Children's programs	<input type="checkbox"/>	<input type="checkbox"/>	Finance	<input type="checkbox"/>	<input type="checkbox"/>
Couples programs	<input type="checkbox"/>	<input type="checkbox"/>	Youth Activities	<input type="checkbox"/>	<input type="checkbox"/>
Seniors programs	<input type="checkbox"/>	<input type="checkbox"/>	Social Action programs	<input type="checkbox"/>	<input type="checkbox"/>
Men's Club	<input type="checkbox"/>	<input type="checkbox"/>	School Committee	<input type="checkbox"/>	<input type="checkbox"/>
Sisterhood	<input type="checkbox"/>	<input type="checkbox"/>	Communications (newsletter / web Site)	<input type="checkbox"/>	<input type="checkbox"/>
Holiday programs	<input type="checkbox"/>	<input type="checkbox"/>	Ritual	<input type="checkbox"/>	<input type="checkbox"/>
Adult education	<input type="checkbox"/>	<input type="checkbox"/>	Hesed (supports members in times of need)	<input type="checkbox"/>	<input type="checkbox"/>
Nursery School	<input type="checkbox"/>	<input type="checkbox"/>	Other:		
Membership recruitment	<input type="checkbox"/>	<input type="checkbox"/>			
Property/building	<input type="checkbox"/>	<input type="checkbox"/>			

Describe any special skills you would like to offer to the Congregation:

Are there particular topics you would like to learn more about?

Please indicate religious skills:

Role	Can Lead		Would Like to Learn	
	1st adult	2nd adult	1st adult	2nd adult
Friday Evening Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parts of Shabbat Morning Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Torah Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haftarah Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receive a Torah Honor (Aliyah)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D'var Torah/Lead Torah Discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How did you hear about Shaare Torah?

- * Shaare Torah is committed to following the guidelines of the *Shaare Torah Policy on Privacy of Membership Data*. The policy is intended to help safeguard the privacy of our members' personal information and data. A copy of this policy is available upon request.

Shaare Torah Membership Application -- Dues and Fees (2010-2011)

Shaare Torah welcomes any Jewish individual or family who wishes to join. For questions about fees or requests for special financial arrangements, please contact us at treasurer@shaaretorah.org. All such requests will be handled in strict confidence.

Please select the appropriate membership category:

- INDIVIDUAL MEMBERSHIP** — unmarried Jewish individual, 18 years or older. Dues \$1,100/year (\$91.67/month)
- INDIVIDUAL MEMBERSHIP OVER 65** — anyone of the Jewish faith, 65 years or older. Dues \$760/year (\$63.33/month)
- INDIVIDUAL MEMBERSHIP UNDER 30** — anyone of the Jewish faith, 30 years or younger. Dues \$870/year (\$72.50/month)
- FAMILY MEMBERSHIP** — 2 adult household where both adults are Jewish. Dues \$2,340/year (\$195/month)
- FAMILY MEMBERSHIP OVER 65** — 2 adult household where both adults are Jewish and both are 65 years or older. Dues \$1,070/year (\$89.17/month)
- FAMILY MEMBERSHIP UNDER 30** — 2 adult household where *both* adults are Jewish and both are 30 years or younger. Dues \$1,530/year (\$127.50/month)
- FAMILY MEMBERSHIP SINGLE PARENT** — Jewish individuals with dependent Jewish children. Dues \$1,470/year (\$122.50/month)
- SPECIAL FAMILY MEMBERSHIP** — 2 adult household where only one adult is Jewish. The non-Jewish adult, although not a member, is encouraged to participate in synagogue life. Dues \$2,340/year (\$195/month)
- RELATED FAMILY MEMBERSHIP** — two or more relatives of a Shaare Torah member living in one household who belong to another congregation or live outside the area. Dues \$410/year (\$34.17/month)
- RELATED INDIVIDUAL MEMBERSHIP** — a single relative of a Shaare Torah member who belongs to another congregation or lives outside the area. Dues \$300/year (\$25/month)
- OTHER SPECIAL MEMBERSHIP** — established by the Executive Board on a case-by-case basis. (Please attach a description of the special circumstances that may apply.) Dues determined by the Executive Board.
- FIRST YEAR DUES SPECIAL** — I/We would like to take Shaare Torah up on its offer to pay one-half of the above dues in the first year.

Building Fund Assessment

Shaare Torah recently finished the first phase of its permanent building. To help finance the cost of the first phase and future phases, the membership approved a building fund. Two options are available – a 36 month payment plan and a 60 month payment plan.

Individual or Family Memberships over age 65 do not have a required assessment. If requested, the payment period is extended for “under 30” categories: initial payments may be 50% of the regular assessment. Upon reaching age 30, payment will be adjusted to the regular rate until the full assessment amount is paid.

Please indicate how you would like to be billed for the building fund assessment (if no selection is made for the building fund assessment, the 36 month plan will take effect). The plans and amounts are as follows:

- 36 Month Plan**—Family Membership (including single parent) is \$4,500 (\$125 monthly); Individual Membership \$3,015 (\$83.75)
- 60 Month Plan**—Family Membership (including single parent) is \$4,800 (\$80 monthly); Individual Membership \$3,216 (\$53.60)
- 3 Annual Payments:** Family Membership \$4,500 (\$1,500 each year); Individual Memberships \$3,000 (\$1,000 annually)
- FIRST YEAR BUILDING FUND DEFERRAL** — I/We would like to defer our building fund for one year.

I/we hereby apply for membership in Shaare Torah, Inc. If accepted, I/we agree to abide by and conform to its constitution and by-laws and any subsequent amendments or policies. I/we undertake to make payment in accordance with the present regulations or those which may be adopted in the future.

Signature

Date

Signature

Date