



# Congregation Shir Shalom

## Membership Application and Questionnaire

### CONFIDENTIAL



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

Home Address: \_\_\_\_\_

Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Member 1 Name: \_\_\_\_\_ Member 2 Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Birthday: \_\_\_\_\_ Birthday: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_  
(if applicable) (if applicable)

Date of Marriage: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Preferred Pronoun: \_\_\_\_\_ Preferred Pronoun: \_\_\_\_\_

Relationship Status:  Single  Married  Partnered  Engaged  Separated  Widowed

Date/Anniversary: \_\_\_\_\_

#### What made you consider joining Congregation Shir Shalom?

- Attended a Service or Life Cycle Event
- Attended a Social Activity or Program
- Met Clergy
- Referred by a Friend or Family
- In need of Religious School
- Saw our Advertisement in the Jewish Journal
- Other: \_\_\_\_\_

By Whom: \_\_\_\_\_

#### What do you hope joining Congregation Shir Shalom can do for you?

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# Occupation

## Member 1

Company Name: \_\_\_\_\_

Title or Position: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Number of Years: \_\_\_\_\_

## Member 2

Company Name: \_\_\_\_\_

Title or Position: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Number of Years: \_\_\_\_\_

# Children's Information

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

Date of Birth: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_  
(if applicable)

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

Other Information (i.e., special needs):  
\_\_\_\_\_

Grade: \_\_\_\_\_

Preferred Pronoun: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_  
(if applicable)

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

Other Information (i.e., special needs):  
\_\_\_\_\_

Grade: \_\_\_\_\_

Preferred Pronoun: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_  
(if applicable)

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

Other Information (i.e., special needs):  
\_\_\_\_\_

Grade: \_\_\_\_\_

Preferred Pronoun: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_  
(if applicable)

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

Other Information (i.e., special needs):  
\_\_\_\_\_

Grade: \_\_\_\_\_

Preferred Pronoun: \_\_\_\_\_

# Religious Background Profile

If you have belonged to a Temple or Synagogue in the past 5 years:

Name/Location: \_\_\_\_\_

When would you attend services? (Please check all that apply)

- Friday Evenings    Saturday Mornings    Weekly    Monthly  
 High Holy Days    Weddings & Bar/Bat Mitzvahs    Less Frequently    Never

What types of programs and services are priorities for your family? \_\_\_\_\_

Would you like more information about the following committees? (Please check all that apply)

- |                                            |                                        |                                                       |
|--------------------------------------------|----------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Adult Education   | <input type="checkbox"/> CRS Education | <input type="checkbox"/> Pickleball                   |
| <input type="checkbox"/> Board of Trustees | <input type="checkbox"/> Fundraising   | <input type="checkbox"/> Ritual and Liturgy (Worship) |
| <input type="checkbox"/> Caring/Chesed     | <input type="checkbox"/> Membership    | <input type="checkbox"/> Tikkun Olam/Social Action    |
| <input type="checkbox"/> Communications    | <input type="checkbox"/> Men's Group   | <input type="checkbox"/> Women of Shir Shalom         |

## Emergency Contact Information

Many people live alone or are far away from their family members who live out of town. If you would like us to keep information on file in case of an emergency, we are happy to do that. The information will be stored in our database. **Please supply the following:**

Emergency Contact Person: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Phone (Home): \_\_\_\_\_

Emergency Phone (Cell): \_\_\_\_\_

**Completed application should be returned to:**  
Congregation Shir Shalom  
Attn: Joanne Marquisee, Executive Director  
4660 Sheridan Drive, Williamsville, New York 14221  
716.633.8877

# Yahrzeit Information

(Anniversary of the Date of Death)

Yahrzeit embraces the tradition of remembering and honoring those who influenced and enriched our lives, but who have passed away. Please provide the information requested below so that we may include your loved one(s) on our Yahrzeit List. You will be sent a reminder 2-3 weeks before the date. (Use back of sheet if necessary.)

Name of Deceased: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Date of Death (month/day/year): \_\_\_\_\_

Name of Deceased: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Date of Death (month/day/year): \_\_\_\_\_

Name of Deceased: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Date of Death (month/day/year): \_\_\_\_\_

Name of Deceased: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Date of Death (month/day/year): \_\_\_\_\_

Would you like the anniversary dates for remembering your loved ones to be observed by the Jewish or  
Gregorian calendar? \_\_\_\_\_

# Congregation Shir Shalom Dues & Tuition

(Effective as of July 1, 2023)

We do not deny membership based on financial need. Applicants and members who feel they have a unique or unusual financial hardship may contact the Executive Director to discuss their situation. Please note that all matters regarding Dues are handled on a confidential basis.

## 1) Dues

Membership Dues are the major source of income used to support synagogue operations. The Dues Schedule reflects people who reside in the same household. The Dues Schedule is as follows:

Sustaining Membership .....	\$3,000
Family (Household with children under age 25) .....	\$2,000
Adult Couple (2 adult household) .....	\$2,000
Single Adult (Under 35) .....	\$250
Single Adult (Over 35).....	\$1,250
Dual* .....	\$1,000
Associate** .....	\$500
Student.....	Complimentary with College ID

**\*\*Member in Good Standing” of another synagogue located in Buffalo.**

**\*\*Associate membership does not include High Holy Day tickets, Community Religious School or voting privileges. Associate Members can serve on committees.**

## 2) Building Fund:

There is a \$100 per year Building Fund maintenance obligation for all members.

## 3) Security Fee:

There is an annual Security Fee of \$72.

## 4) Community Religious School Annual Tuition (including materials):

A. Pre-K (Ganainu).....	\$136
B. Grade K.....	\$450
C. Grades 1-2 .....	\$500
D. Grades 3-7 .....	\$680
E. Consecration Fee (Kindergarteners & all new students) .....	\$36
F. B'nei Mitzvah Fee (includes 6 months of tutoring) .....	\$475*
G. Confirmation Fee (10th graders) <i>program to be determined</i> .....	\$50

*Please Note: Tuition for the Community Religious School is in addition to Membership Dues.*

**\* If your child requires more tutoring to prepare for his/her B'nai Mitzvah, there will be additional tutoring fees.**

## 5) Payment

A. Membership is effective when the first payment of at least 25% of total annual dues is paid. Thereafter, your household will be billed the remainder of the fees over the fiscal year based upon your billing preference.

B. Our fiscal year runs July 1st through June 30th of the subsequent year. Members, who join after July 1st, will be billed for prorated Dues for the remainder of the fiscal year. Statements will be mailed monthly for unpaid balances. Please specify your billing preference on our Membership Commitment Form.

6) I agree to pay during the first year of my membership the sum of \$\_\_\_\_\_ plus \$100 for the Building Fund and \$72 for the Annual Security Fee and thereafter such annual Dues as may be fixed by the Board of Trustees, in accordance with the Bylaws of the Congregation.

7) If elected to membership, I shall abide by all the rules and regulations of Congregation Shir Shalom.

8) **Payment for a minimum of 25% of your annual Dues must accompany this application. We accept credit cards, check or PayPal.**

\_\_\_\_\_  
*Member 1 Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Member 2 Signature*

\_\_\_\_\_  
*Date*