



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?

- | | |
|---|--|
| <input type="checkbox"/> Attended a Service or Life Cycle Event | <input type="checkbox"/> In need of Religious School |
| <input type="checkbox"/> Attended a Social Activity or Program | <input type="checkbox"/> Saw our Advertisement in the Jewish Journal |
| <input type="checkbox"/> Met Clergy | <input type="checkbox"/> Other: _____ |

☐ Referred by a Friend or Family

By Whom: _____

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

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 is the Name of Your Prior Affiliation? _____

Prior to membership applications being accepted, your prior affiliation may be contacted to confirm membership was/is in good standing. If you wish us not to contact your prior affiliation, please provide an explanation below which we will take under consideration:

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"/> Buffalo Community of Learning | <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

Opt In To SMS Text Messages
Text "join" and your email address to 716-728-4829.
For example, text: "join xyz@gmail.com"
If you receive a welcome text, please respond "yes" to finish subscribing.

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, 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 \$100.

4) Buffalo Community of Learning Annual Tuition (including materials):

A. Preschool (Ganainu)	\$180
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)	\$50

Please Note: Tuition for the Buffalo Community of Learning is in addition to Membership Dues.

*** If your child requires more tutoring to prepare for his/her B'nei 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.

1. I agree to pay during the first year of my membership the sum of \$_____ plus \$100 for the Building Fund and \$100 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.

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

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

Member 1 Signature

Date

Member 2 Signature

Date