



CONGREGATION
SHEARITH ISRAEL

9401 Douglas Avenue, Dallas, Texas 75225

214.939.7310 Fax 214.361.7524

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 _____
Parent's 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 _____
Parent's Hebrew Name _____
Birthdate __/__/____
Cell _____
Email _____

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

Home Address _____ Apt _____
City _____ State _____ Zip _____ Home Phone _____

Religious Background

Reform Conservative Reconstructionist
Orthodox Other _____
Not Jewish, please specify

Previous Synagogue

How many years were you affiliated with
your previous synagogue?

Did you go to Jewish Summer Camp?
Y / N

If yes, which camp did you attend?

Religious Background

Reform Conservative Reconstructionist
Orthodox Other _____
Not Jewish, please specify

Previous Synagogue

How many years were you affiliated with
your previous synagogue?

Did you go to Jewish Summer Camp?
Y / N

If yes, which camp did you attend?

ADULT ONE

What is the extent to your Jewish Education? _____

What is the extent of your secular education? _____

Occupation _____

Employer _____

Type of Business _____

Work Phone _____

Community Involvement

Activities, board affiliations, volunteer or related experiences _____

ADULT TWO

What is the extent to your Jewish Education? _____

What is the extent of your secular education? _____

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

Financial

Congregation Shearith Israel is able to operate on financial commitments. Your commitment will ensure that Shearith will sustain itself and is able to continue to offer great programming and be the center of our members' lives. Shearith has five different categories of commitment.

- *Benefactor— Our voluntary Benefactor structure allows the Shul to provide assistance to those in our community with hardships be part of our community. It is our hope that those who are able to will be a Benefactor at one of the four levels.*
- *Individual—Individual Jewish adult*
- *Family—Individual Jewish adults (married or coupled) with or without dependent children*
- *Kehillah—For young adult Jewish members; Joint membership to Shearith and the JCC at an affordable price. Kaplan Auditorium seats come with the Kehillah membership.*
- *Associate—For Jewish adults who are full members at another Synagogue inside or outside the DFW Metroplex*

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 Venetsky at kvenetsky@shearith.org

Using the attached Membership Dues infographic, please write in the dues level you and your family will be registering for. 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:

** Those married by a Shearith Israel Rabbi will receive complimentary dues for their first year of membership. High Holy Day Seats in Kaplan Auditorium will come with this membership.

*** Those receiving Choose Your Dues are either under 30, or new to membership at a local area Synagogue.

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.

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 amount (1st, 15th, or 20th) _____

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

Signed _____

Date _____

Interests

Please indicate your interest in one or more of the following.

ADULT ONE

Adult Choir
Adult Education
Communications
Event planning
Family Center
Family Shabbat Services
Fundraising
Helping in Administration Office
Israel
Keshar
Shabbat Morning Minyan and Torah Study
Social Action
Tuesdays with Tanach
Welcoming New Members

ADULT TWO

Adult Choir
Adult Education
Communications
Event planning
Family Center
Family Shabbat Services
Fundraising
Helping in Administration Office
Israel
Keshar
Shabbat Morning Minyan and Torah Study
Social Action
Tuesdays with Tanach
Welcoming New Members

Email Lists

Please indicate your interest in receiving emails from one or more of the following listservs:

ADULT ONE

Adult Education
General Congregational Email
Shearith Israel 20s and 30s
Pillars: Hazak (adults age 60+)
SISterhood
Young Families
Weitzman Family Religious School
 3rd-6th grade
 7th-10th grade
 K-10th grade
 Confirmation Class

ADULT TWO

Adult Education
General Congregational Email
Shearith Israel 20s and 30s
Pillars: Hazak (adults age 60+)
SISterhood
Young Families
Weitzman Family Religious School
 3rd-6th grade
 7th-10th grade
 K-10th grade
 Confirmation Class



CONGREGATION
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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: _____

