



Celebrate the Joys of Conservative Judaism
at Shirat Shalom

Hazzan Sarah Alexander, Spiritual Leader
Stuart Hanfling, President

30W509 Shoe Factory Road
Elgin, IL 60120
847.695.6246

www.CongregationShiratShalom.org

**SHIRAT SHALOM MEMBERSHIP FORM
2009-10 / 5770
(INCLUDES HIGH HOLY DAY TICKETS)**

Shirat Shalom is pleased you're joining our synagogue family. We hope you'll enjoy participating in the services and future Shabbatot, Yom Tovim and lifecycle events.

We are very excited that you are beginning your membership with Shirat Shalom. Confidential financial arrangements can always be made with the Treasurer, Mrs. Carol LeRoy or Mr. Stuart Hanfling, President. Check here ___ if you'd like ___ her or ___ him to contact you.

Membership Dues (includes High Holy Day tickets)

★ Individual \$500 ★ Couple \$750 ★ Family \$1,000 ★ Senior Single \$180 Couple \$360
+ \$ 100 (in lieu of volunteer time, if applicable)

= Total Membership Commitment: \$ _____ # of Tickets Needed: _____

Please choose your dues payment plan:

Single Payment Plan \$ _____ due by September 15.

Three Payment Plan:

50%	\$ _____	due Sept. 15
25%	\$ _____	due Jan. 15
25%	\$ _____	due May 15

Monthly Payment Plan:

\$ _____ (to the nearest dollar) due each month on the _____ day of each month.

With my signature below, I grant you permission to use photographs of my family, including my children, taken during Shirat Shalom activities for publicity purposes.

Signature

Date:

For more information, please call the synagogue office at 847.695.6246 or you can email l_blatchford@yahoo.com.

Please return this form with your check to Member/Carol LeRoy, Congregation Shirat Shalom, 30W509 Shoe Factory Road, Elgin, IL 60120.

If any of your contact information has changed, please write it on the back. Thank you!



Membership Form

*Celebrate the Joys of
Conservative Judaism
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First Adult

Name: _____		
Nickname: _____	Gender: _____	
Home Phone: _____	Cell Phone: _____	Work Phone: _____
Preferred Phone no.: _____		
Fax: _____	Email: _____	
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Date of Birth: _____		
Occupation: _____		
Hebrew Name (Write in English or Hebrew letters) _____		

Talents, Skills, Interests: _____		

- I would like to receive the monthly newsletter **by email only**.
(Help us save time and money and ensure that you receive it on time.)

New Member: Yes No

First Adult Annual Volunteer Commitment

I am interested in fulfilling my annual volunteer time commitment as follows:

Committees:

- | | |
|--|---|
| <input type="checkbox"/> Adult Education Committee | <input type="checkbox"/> High Holiday Committee |
| <input type="checkbox"/> Youth Education Committee | <input type="checkbox"/> Membership Committee (All members) |

Other help:

- | | |
|--|--|
| <input type="checkbox"/> Computer Work / Database | <input type="checkbox"/> Photocopying in the Office |
| <input type="checkbox"/> Help with Mailings | <input type="checkbox"/> Shabbat Onegs (Friday evenings) |
| <input type="checkbox"/> Shabbat Kiddush (Saturday mornings) | <input type="checkbox"/> Events/holidays set-up / clean-up |
| <input type="checkbox"/> Pre-High Holy Days office work | <input type="checkbox"/> General Office help |
| <input type="checkbox"/> Heavy lifting: Use of truck or van | <input type="checkbox"/> Handy-person projects |
| <input type="checkbox"/> Graphic / Web Design | <input type="checkbox"/> Publicity / Newsletter (Circle One) |

- I will not be able to volunteer this year. I've enclosed an additional \$100 in lieu of time.

Second Adult Member in Household (Non-member Adult, complete Name; other fields optional)

Name: _____

Nickname: _____

Gender: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Preferred Phone no.: _____

Fax: _____

Email: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Date of Birth: _____

Anniversary (incl.
year): _____

Occupation: _____

Hebrew Name (Write in English or Hebrew letters)

Talents, Skills, Interests: _____

- I would like to receive the monthly newsletter by email only.
(Help us save time and money and ensure that you receive it on time.)

New Member: Yes No

First Adult Annual Volunteer Commitment

I am interested in fulfilling my annual volunteer time commitment as follows:

Committees:

Adult Education Committee

High Holiday Committee

Youth Education Committee

Membership Committee (All members)

Other help:

Computer Work / Database

Photocopying in the Office

Help with Mailings

Shabbat Onegs (Friday evenings)

Shabbat Kiddush (Saturday mornings)

Events/holidays set-up / clean-up

Pre-High Holy Days office work

General Office help

Heavy lifting: Use of truck or van

Handy-person projects

Graphic / Web Design

Publicity / Newsletter (Circle One)

I will not be able to volunteer this year. I've enclosed an additional \$100 in lieu of time.

With my signature below, I grant you permission to use photographs of my family, including my children, taken during Shirat Shalom activities for publicity purposes.

Signature _____

Date _____

Children's Names:

First Child:

First Name: _____ Middle: _____ Last Name: _____

Nickname: _____ Gender: _____ Date of Birth: _____

Home Phone: _____

Hebrew Name (Write in English or Hebrew letters) _____

School: _____ Grade: _____

Lives with: _____

Send mail to: _____

Send bills to: _____

Is there another household (parent/guardian) that should receive email/mail from Shirat Shalom about this child? If so, please tell us: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Second Child:

First Name: _____ Middle: _____ Last Name: _____

Nickname: _____ Gender: _____ Date of Birth: _____

Home Phone: _____

Hebrew Name (Write in English or Hebrew letters) _____

School: _____ Grade: _____

Lives with: _____

Send mail to: _____

Send bills to: _____

Is there another household (parent/guardian) that should receive email/mail from Shirat Shalom about this child? If so, please tell us: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Third Child:

First Name: _____ Middle: _____ Last Name: _____

Nickname: _____ Gender: _____ Date of Birth: _____

Home Phone: _____

Hebrew Name (Write in English or Hebrew letters) _____

School: _____ Grade: _____

Lives with: _____

Send mail to: _____

Send bills to: _____

Is there another household (parent/guardian) that should receive email/mail from Shirat Shalom about this child? If so, please tell us: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Fourth Child:

First Name:	Middle:	Last Name:
Nickname:	Gender:	Date of Birth:
Home Phone:		
Hebrew Name (Write in English or Hebrew letters)		
School:		Grade:
Lives with:		
Send mail to:		
Send bills to:		
Is there another household (parent/guardian) that should receive email/mail from Shirat Shalom about this child? If so, please tell us:		
Name:		Phone:
Address:		
City:	State:	Zip:

Family Yahrzeits:

We ask that you give us information about loved ones who have died. This is so that we may list the Hebrew anniversary of your loved ones' death(s) in the Bulletin and have a list on the *bimah*, so you can observe this date according to Jewish tradition. If you are not sure about any information, please ask *Hazzan Alexander*.

Deceased Name:

English Date of Death/year:	Before sundown?
Hebrew Date of Death:	
Relationship:	
Hebrew Name:	

Second Deceased Name:

English Date of Death/year:	Before sundown?
Hebrew Date of Death:	
Relationship:	
Hebrew Name:	

Third Deceased Name:

English Date of Death/year:	Before sundown?
Hebrew Date of Death:	
Relationship:	
Hebrew Name:	

Fourth Deceased Name:

English Date of Death/year:	Before sundown?
Hebrew Date of Death:	
Relationship:	
Hebrew Name:	

Return to: Congregation Shirat Shalom at the address on the first page.