



Membership Application

A Reform Jewish community inspiring dynamic engagement in Jewish worship, values, texts, culture, and social action, encouraging participation by all who seek connection to Jewish life

Welcome to the Congregation Shalom Family!

Please complete this application and mail it to:
Congregation Shalom, P.O. Box 700187, San Antonio, TX 78270

SECTION 1: APPLICATION INFORMATION

If a couple, please indicate information for "Adult A" and "Adult B."
If individual just use "Adult A."

Name (Adult A) _____ Date of Birth _____
Title First Last Suffix XX/XX/XXXX

Email (Adult A) _____ Mobile Phone # (Adult A)(____)____ - _____
xxxxxxxxxxxx@yyyyyy.zzz

Name (Adult B) _____ Date of Birth _____
Title First Last Suffix XX/XX/XXXX

Email (Adult B) _____ Mobile Phone # (Adult B)(____)____ - _____
xxxxxxxxxxxx@yyyyyy.zzz

Home Address _____
Street Address Apt. # if applicable

_____ City State Zip Code

Home phone # (if applicable)_(____)____ - _____

Status: Married Partnered Single Widowed If married, date of marriage _____

How would you prefer your name(s) to appear on Congregation Shalom mailings? (e.g. Mr. & Mrs. Alan Cohen, Alan & Shirley Cohen, Alan Cohen & Shirley Fine, etc.)

SECTION 2: Please help us get to know a little bit about you. We understand that not every question will apply to you, or you may not be able to answer every question. That's okay. We appreciate your completing as much of this section as you can.

ADULT A

Name _____ Profession/Title _____

Employer _____

Religious Background (optional)

Reform Conservative Orthodox Reconstructionist Jewish Non-Practicing

Other Faith Tradition: _____

Previous/Other Synagogue and City _____

Dates of Affiliation _____

Hebrew Name _____

Father's Name _____ Father's Hebrew Name _____

Living Deceased If father is deceased, date of death: _____

Mother's Name _____ Mother's Hebrew Name _____

Living Deceased If mother is deceased, date of death: _____

ADULT B

Name _____ Profession/Title _____

Employer _____

Religious Background (optional)

Reform Conservative Orthodox Reconstructionist Jewish Non-Practicing

Other Faith Tradition: _____

Previous/Other Synagogue and City _____

Dates of Affiliation _____

Hebrew Name _____

Father's Name _____ Father's Hebrew Name _____

Living Deceased If father is deceased, date of death: _____

Mother's Name _____ Mother's Hebrew Name _____

Living Deceased If mother is deceased, date of death: _____

SECTION 3: Please tell us who else is in your household so we can be sure to include them in our Congregational activities!

CHILDREN - Please complete all applicable information for each child. Add additional children on back.

First Name	Last Name	DOB MM/DD/YYYY	HEBREW NAME	GRADE	SCHOOL
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First Name	Last Name	DOB MM/DD/YYYY	HEBREW NAME	GRADE	SCHOOL
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First Name	Last Name	DOB MM/DD/YYYY	HEBREW NAME	GRADE	SCHOOL
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First Name	Last Name	DOB MM/DD/YYYY	HEBREW NAME	GRADE	SCHOOL
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OTHER HOUSEHOLD MEMBERS - Do you have other household members who may participate in Congregation activities, such as adult children, grandchildren, or a companion that lives with you? If so, please tell us who they are so we can welcome them too.

Full Name _____ Relationship to you _____

Full Name _____ Relationship to you _____

Full Name _____ Relationship to you _____

SECTION 4: PROGRAM AND COMMITTEE INTERESTS

It is our sincere hope and desire to offer a variety of opportunities for involvement in the life of Congregation Shalom. Please let us know which, if any, of the following activities you might like to participate in. Please note, in some cases, we are gauging interest before forming groups and committees.

Check All That Apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Holiday Celebrations | <input type="checkbox"/> Social Action | <input type="checkbox"/> Membership/Outreach |
| <input type="checkbox"/> Service Participation | <input type="checkbox"/> Shabbat Dinners | <input type="checkbox"/> Sisterhood |
| <input type="checkbox"/> Music/Choir | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Brotherhood |
| <input type="checkbox"/> Youth Education | <input type="checkbox"/> Special Events | <input type="checkbox"/> Inclusion |
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Budget & Finance | |

Are there any other programs, activities, or talents that you would like to bring to Congregation Shalom?

SECTION 5: YAHRZEITS

Please complete the information below to the best of your ability for each person for whom you'd like to receive annual reminders.

Name of Deceased _____ Relationship to Member (which member?)

Date of Death _____ Before or After Sundown (to determine Hebrew date)

Would you like to be reminded on the Hebrew or English anniversary date?

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Please add additional Yahrzeits on a separate sheet and attach.

SECTION 6: FINANCIAL INFORMATION

Congregation Shalom of San Antonio is an inclusive congregation that welcomes all who seek connection to Jewish life. While all may participate in worship services and education classes, benefits of membership include pastoral care, life cycle celebrations, and high quality educational programs for children and adults, and being part of a really special community. Most activities are offered at no additional fees for any Congregation member who wishes to attend.

We depend on our members in order to meet the financial obligations associated with these benefits. Our Congregation operations are funded primarily through a Shared Member Commitment. The sustaining contribution level is \$2,200, which reflects the actual cost per member household to maintain our Congregation Shalom staff and activities. We ask that each member household fairly assess its own Commitment level and contribute according to their ability to support and sustain the Congregation. We realize that not everyone will be able to contribute at the sustaining contribution level, while others who are able will generously contribute more, and we are grateful for each and every contribution.

We want you to know that your involvement in our Congregational community is what is most important to us, and no one will ever be denied membership because of their financial circumstances. Feel free to contact Adam Falkiewicz, Congregation Shalom Treasurer, at (210) 535-7773 or adam@clflawfirm.com to discuss any concerns about your financial commitment in confidence.

We ask that you please make your Annual Membership Commitment Pledge for July 1, 2021-June 30, 2022. You may indicate whether you would like to be invoiced quarterly, semi-annually, annually, or not at all. We ask that, if possible, you include your first quarter payment with your application.

We are grateful to have you as a member of Congregation Shalom and we thank you for your support.

Amount Pledged 7/1/2021-6/30/2022: \$ _____.

Please indicate whether you would like to be invoiced:

Quarterly Semi-Annually Annually None Needed

Amount This Payment: \$ _____.

Please select payment method:

- Check - Send with application to address at top of page 1
- Credit card – Go online to <https://tinyurl.com/3xbkpkp5m> or scan the QR Code to pay by PayPal or credit card



***We're so glad you're here and we can't wait
to welcome you in person!***