



## MEMBERSHIP APPLICATION and INFORMATION FORM

We are delighted that you have decided to join Temple Shir Shalom. We are a Reform Jewish congregation founded in 1984, and affiliated with the Union for Reform Judaism. Our congregation relies and thrives on the active participation of its members. Please complete this application/information form to help us get to know you better.

Individual/Family Records				
	Adult #1	Adult #2		
Name				
Street address				
City, State, Zip				
Home phone				
Cell phone				
E-mail				
Birthday				
Occupation				
	me information about your religious backg nodox, Jew-by-Choice, non-Jewish, etc.	round(s) and preference(s): Reform,		
Please give us some information about your family relationships. Are you single? Divorced? Are you a widow/widower? Are Adults #1 and #2 married? Partners? What date do you celebrate as your anniversary?				

Form Revised 04/2018

3855 NW 8th Avenue	Gainesville, Florida 32605	(352) 371-6399	www.shirshalom.net	

Dependent Children					
Name		Birtl	nday		Current School
		Emergenc	y Contacts		
Name		Phone #		E-mail	
		Yahrtzeit lı	nformation		
Please list the names of those whom you would like to have remembered on our Kaddish memorial list. These names will be read at the Shabbat services of the week following the anniversary of the date of death, according to the secular calendar. Names should generally be limited to immediate family (parents, grandparents, children, siblings, spouses or partners).					
Name	Relationship		Adult #1 or #2		Date of death

## **Involvement in the Congregation**

We are a small congregation that relies heavily on the volunteer efforts of our members. Do you have special interests or skills in any of the below categories that you might share with Temple Shir Shalom? We will follow-up on your responses to help you get more involved. Please indicate your top three areas of interest.

Area of Interest	Adult #1	Adult #2
Adult studies		
Building & Grounds		
Fundraising		
Library		
Membership Committee		
Program planning		
Publicity/publications		
Religious School		
RItual Committee		
Sisterhood		
Social Action Committee		
Youth programming		
OTHER		

Membership Financial Agreement			
I (We) hereby accept and agree to fulfill the annual financial obligations of Temple membership (outlined on the following page).			
	Adult #1	Adult #2	
Membership Category		•	
Signature's of Applicant(s):			
Date:			
Amount enclosed (please make payable to Temple Shir Shalom):			

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