

Congregation Shaarie Torah

MEMBERSHIP APPLICATION

WELCOME,

We're so glad you're joining our growing and thriving community!

Please take a few moments to fill out all areas inside this application.

The more information we have about you and your family, the better our Shaarie Torah community can welcome and support you on your spiritual path and journey.

Thank you! If you have questions, please call our office at (503)226-6131 or visit us online at shaarietorah.org.

Please return this completed form to:
Congregation Shaarie Torah
920 NW 25th Avenue
Portland, OR 97210

IN THE HEART OF NW PORTLAND

Congregation
SHAARIE TORAH

OFFICE USE ONLY: DE: _____ JD: _____ E SENT: _____ WP SENT: _____ NMB SENT: _____

MEMBERSHIP APPLICATION

Today's Date: _____

Thank you for becoming a member of Congregation Shaarie Torah. We look forward to welcoming you to our diverse, dynamic community. Please provide us with the information below and return the form with your payment to the CST office. This form is also available at www.shaarietorah.org/join.

MEMBERSHIP TYPE

INDIVIDUAL FAMILY KOACH (AGE 21-35) ASSOCIATE MEMBER OTHER: _____

ADULT MEMBER INFORMATION

Adult Member 1 / Gender: _____

Adult Member 2 / Gender: _____

First Name and Middle Initial

First Name and Middle Initial

Last Name

Last Name

Date of Birth

Date of Birth

Street Address/Apt. No.

Street Address/Apt. No.

City, State, Zip

City, State, Zip

Home Phone

Cell Phone

Home Phone

Cell Phone

Preferred Email

Preferred Email

Occupation/Employer / (title)

Occupation/Employer / (title)

Retired: Yes No

Retired: Yes No

College/Graduate School

College/Graduate School

Hebrew name ben/bat (son/daughter of)

Hebrew name ben/bat (son/daughter of)

Father's Hebrew Name v'(&) Mother's Hebrew Name

Father's Hebrew Name v'(&) Mother's Hebrew Name

Jewish by choice* Not Jewish

Jewish by choice* Not Jewish

*If you converted to Judaism: When, Where

*If you converted to Judaism: When, Where

Marital Status: Single Married Divorced

Marital Status: Single Married Divorced

Separated Widowed Living Together

Separated Widowed Living Together

Wedding Anniversary (mm/dd/yy)

OTHER RELATIVES/FRIENDS AT SHAARIE TORAH?

Optional: Check if someone in your household has special needs

YES NO (If yes, please list their names & relation)

CHILD MEMBER INFORMATION To add more than 3 children, please attach additional page.

Child Member 1 / Gender: _____

First Name

Last Name

Date of Birth

Hebrew Name

Grade in Sept. 2018 / Name of School

If in College, Graduation Date _____

Hebrew School: Attends CST Hebrew School

Other Hebrew School: _____

Does not attend Hebrew School

Child Member 3 / Gender: _____

First Name

Last Name

Date of Birth

Hebrew Name

Grade in Sept. 2017 / Name of School

If in College, Graduation Date _____

Child Member 2 / Gender: _____

First Name

Last Name

Date of Birth

Hebrew Name

Grade in Sept. 2018 / Name of School

If in College, Graduation Date _____

Hebrew School: Attends CST Hebrew School

Other Hebrew School: _____

Does not attend Hebrew School

Child Member 3 (continued)

Hebrew School: Attends CST Hebrew School

Other Hebrew School: _____

Does not attend Hebrew School

EMERGENCY CONTACT

Emergency Contact Name

Emergency Contact Phone

Emergency Contact Email

Emergency Contact's Relationship to family

Yahrzeit Information

If you would like to receive a reminder of a loved one's yahrzeit, please fill out the information below. We will notify you based on the Hebrew calendar date. If you have more entries, please attach an additional page.

FOR ADULT MEMBER 1:

Name of Deceased 1

Relationship to You

Date of Death (English Date) After Sunset: Yes or No

Name of Deceased 2

Relationship to You

Date of Death (English Date) After Sunset: Yes or No

FOR ADULT MEMBER 2:

Name of Deceased 1

Relationship to You

Date of Death (English Date) After Sunset: Yes or No

Name of Deceased 2

Relationship to You

Date of Death (English Date) After Sunset: Yes or No

MEMBERSHIP PAYMENT INFORMATION

Thank you for your commitment to support CST. Please sign the pledge below and select your level of your dues. We never turn anyone away due to financial reasons. If you have questions or concerns, please call our office.

"I/We understand that, as (a) member(s) of Congregation Shaarie Torah, I am/we are committing to be a part of a sacred community. In acceptance of that responsibility, I/we hereby pledge my/our support through membership dues for this year."

- Family \$2,298
 Individual \$1,878
 Koach (21-35) \$990
 Associate \$990
 Other

Signature: _____ Date: _____

PAYMENT BY AUTOWITHDRAWAL FROM BANK ACCOUNT/ACH: (PLEASE ATTACH VOIDED CHECK)

- I will attach a voided check and will pay \$ _____ today. Set autowithdrawl to \$ _____
 monthly annually from my account.

PAYMENT BY CREDIT CARD

- I will pay the full balance now.
 I will pay a deposit now of \$ _____. Automatically charge my card: monthly annually
 Name on card: _____ Billing Zip Code: _____
 Mastercard/Visa card number: _____ Exp. Date: _____ CVV: _____
 My check for the full amount is enclosed.

PAYMENT BY CHECK

- My initial check of \$ _____ is enclosed. Bill me for the balance: monthly annually

Please send this completed application with your check, payable to Congregation Shaarie Torah, to: 920 NW 25th Ave Portland, OR 97210

All membership dues must be paid in full no later than June 30. Membership dues are considered a tax-deductible donation and are not refundable. Please call our office for information about scholarships and dues adjustments.

There are many ways to get involved at CST and live the mitzvot of our tradition.

Adult		Skills & Talents
1	2	
		Cooking
		Fundraising
		Photography
		Editing & Writing
		Childcare
		Read Hebrew
		Speak Hebrew
		Chant Torah or Haftorah
		Chant Special Holiday Tropes (Megilah, etc)
		Lead Services

Adult		Volunteer <small>(visit shaarietorah.org for more details)</small>
1	2	
		Chesed (Loving-Kindness)
		Ma'asim Tovim (Social Action)
		Hosting members for Shabbat Dinner
		Help in Office / Administrative/Staff Support
		Welcoming Committee for High Holy Days and events
		Ritual Committee (Gabbi, etc.)
		Other:

How did you hear about CST?

- Online
 Email
 Family or Friend
 Shabbat Services
 Website
 Search Engine
 Event
 Other: _____

Adult		Interests <small>(visit shaarietorah.org for more details)</small>
1	2	
		Adult Education
		Family Programming
		Youth Programming (Religious School, etc)
		Teen Programming
		Other: