



1981 Oxford Street, Halifax, Nova Scotia B3H 4A4

TEL 902 423-5848

FAX 902 422-2580

www.theshaar.ca

e-mail:shaarshalom@eastlink.ca

Membership Application

The Shaar Shalom offers both single and family memberships. The fees for membership are detailed in the *Fees for Membership, Burial, and Perpetual Care and High Holidays* policy on the website. No one is turned away from the Congregation on the basis of financial need. Jews who wish to affiliate with the Shaar Shalom Synagogue, but are unable to pay the relevant fees, may appeal to the Synagogue's Ombudsman Committee for consideration of a reduced fee after their membership has been approved by the spiritual leader and the Board.

Please Print

Household Information			
Family Name(s)			
Address	City	Province	Postal Code
Type of Application	Marital Status	Both Applicants Jewish (if co-applicants)	
<input type="radio"/> Single <input type="radio"/> Family		<input type="radio"/> Yes <input type="radio"/> No	

Applicant Information			
Last Name	Given Names		Preferred Title
Name You Wish to be Called	Birthdate (dd/mm/yyyy)	Gender	Preferred Method of Contact
Home Telephone		Mobile	
Home Email Address		Other Email address (if needed)	
Occupation			
Your Hebrew Name (if known)	Father's Hebrew Name (if known)	Mother's Hebrew Name (if known)	
Bar/Bat Mitzvah Haftarah Portion			
Conversion Information, if applicable			
Date	Officiating Rabbi	Name and Address of Synagogue	

Co-Applicant Information				
Last Name		Given Names		Preferred Title
Name You Wish to be Called	Birthdate (dd/mm/yyyy)		Gender	Preferred Method of Contact
Home Telephone			Mobile	
Home Email Address			Other Email address (if needed)	
Occupation				
Your Hebrew Name (if known)		Father's Hebrew Name (if known)	Mother's Hebrew Name (if known)	
Bar/Bat Mitzvah Haftarah Portion				
Conversion Information, if applicable				
Date	Officiating Rabbi		Name and Address of Synagogue	

Children and Dependents				
	1	2	3	4
Name				
Hebrew Name				
Bar/Bat Mitzvah Date				
Birthdate (dd/mm/yyyy)				
Gender				
Conversion Information, if applicable				
Date of Conversion				
Officiating Rabbi				
Name of Synagogue				
Synagogue Address				

Yahrzeit Information

Name of Deceased	Hebrew Name	Person to be Notified & Relationship to Deceased	Hebrew Date of Death	English Date of Death and Time of Day
				<input type="radio"/> Before Sundown <input type="radio"/> After Sundown
				<input type="radio"/> Before Sundown <input type="radio"/> After Sundown
				<input type="radio"/> Before Sundown <input type="radio"/> After Sundown
				<input type="radio"/> Before Sundown <input type="radio"/> After Sundown
				<input type="radio"/> Before Sundown <input type="radio"/> After Sundown

We welcome any additional information, comments, special interests, skills or needs you may have – (occupational skills or hobbies you may share with the synagogue, physical limitations that require accommodation, support you are seeking, interest in leading or helping with services, volunteering, etc.)

I/We apply for membership in the Shaar Shalom Congregation and agree to abide by its Articles of Association. If approved by the spiritual leader and Board, I/we understand membership does not begin until we have made financial arrangements to pay the first year's membership fee. I/We also acknowledge that a portion of the first year's fees are applied to the Capital & Endowment fund as detailed in the *Fees for Membership, Burial, and Perpetual Care and High Holidays* policy.

Applicant's Signature

Date

Co-Applicant's Signature

Date

THIS PAGE IS FOR OFFICE USE ONLY

This application has been reviewed and approved:

Spiritual Leader Signature

Date

Treasurer's Signature

Date

Date Approved by Board of Trustees

Membership Fee Paid

Account #

Capital & Endowment Fund Contribution

Member #

Entered in:

Membership Rolls Card

Computer Database