



# Shaare Torah Community Application 2024 - 2025

We are delighted that you are considering membership at Shaare Torah. Membership is open to all individuals and households who share our synagogue's Jewish mission. Please call us at 301-869-9842 or email Devin Egber at [degber@shaaretorah.org](mailto:degber@shaaretorah.org) with any questions. We look forward to including you in our Shaare Torah family!

## Household Information:

Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Neighborhood/subdivision: \_\_\_\_\_

Preferred Email: \_\_\_\_\_ (for general use and billing)

Wedding Date (if applicable): \_\_\_\_\_

Prior Synagogue Affiliation: \_\_\_\_\_

How did you hear about Shaare Torah?

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## Children:

Full Name	Hebrew Name	Birth Date	School
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## First Adult:

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: (         ) \_\_\_\_\_

Best Email: \_\_\_\_\_

Birth date: \_\_\_\_\_

The following information helps us be sensitive to the needs of families and children, especially regarding life cycle events such as B'nei Mitzvah, marriage, death, and during emergencies. You may leave this information blank if not Jewish; "unknown" if not known; "Abraham" and Sarah" for parents' names if a Jew by choice. Rabbi Scott (rabbiscott@shaaretorah.org) welcomes and encourages any questions.

Your Hebrew name (use English characters): \_\_\_\_\_

Mother's Hebrew name: \_\_\_\_\_  Levi

Father's Hebrew name: \_\_\_\_\_  Cohen

Bar/Bat Mitzvah portion (if known): \_\_\_\_\_  Yisrael

## Yahrzeits (anniversaries of deaths of loved ones):

Name	Relationship	Hebrew and/or English Date of Death mm/dd/yyyy
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## Your Interests

- Adult education
- Adult social programs
- Israel news and experiences
- Men's club
- Women's club

- Pre-Teen Experiences
- Teen Experiences Family Programs
- Shabbat and Holiday Experiences
- Chesed/Kindness
- Operations/Facility
- Religious Life
- Social Action
- Other: \_\_\_\_\_

## Leadership/Volunteering

- Engagement
- Education (Early Childhood/Religious School/Teen)
- Finance
- Fundraising
- Green Team
- Early Childhood Experiences
- Primary Grade Experiences

Are there any religious skills you would like to share with the community? (leading services, reading Torah or haftorah, blowing Shofar, etc.)

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## Second Adult (if applicable):

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: (        ) \_\_\_\_\_

Best Email: \_\_\_\_\_

Birth date: \_\_\_\_\_

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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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# Shaare Torah Membership Application

## Community Commitment & Fees (July 2024 – June 2025)

*We appreciate your financial commitment to Shaare Torah, which helps us create strong community and provide services and programs throughout the year. Please select the appropriate Membership category:*

- FAMILY MEMBER** - 2 adult household where 1 or both adults are Jewish **\$3,545/year OR \$295.41/month**
- FAMILY MEMBER OVER 65** - 2 adult household where 1 or both adults are Jewish and both are 65 years or older **\$1,690/year OR \$140.83/month**
- FAMILY MEMBER UNDER 30** - 2 adult household where 1 or both adults are Jewish and both are 30 years or younger **\$2,260/year OR \$188.33/month**
- INDIVIDUAL** - Jewish individual, 18 years or older **\$2,330/year OR \$194.16/month**
- INDIVIDUAL OVER 65** - Jewish individual, 65 years or older **\$1,690/year OR \$140.83/month**
- INDIVIDUAL UNDER 30** - Jewish individual, 18-30 years of age **\$1,150/year OR \$95.83/month**
- RELATED COUPLE** - Relatives of a Shaare Torah member living in one household who belong to another congregation or live outside the area **\$1,380/year OR \$115/month**
- RELATED INDIVIDUAL** - A single relative of a Shaare Torah member who belongs to another congregation or lives outside the area **\$600/year OR \$50/month**
- FIRST YEAR SPECIAL** - I/We would like to take Shaare Torah up on its offer to pay one-half of the above rates in the first year
- BUILDING FUND DEFERMENT** - I/We would like to take Shaare Torah up on its offer to defer our payment of the Building Fund Assessment until our second year of membership

### Security Fee

Each household is also expected to pay an annual security fee of \$200 to cover expenses associated with infrastructure and physical access to the building

### Building Fund Assessment

To help finance the cost of the current synagogue building and any future additions to building, the membership has approved a building a fund. The amount to be paid is \$4,800 over a 60 month payment plan. Individual Members over age 65 of Family Memberships over 65 do not have a required assessment and the under 30 membership categories may defer until after reaching age 30.

### Special Financial Arrangements

Shaare Torah welcomes any Jewish individual or family who wishes to join. For questions about fees or requests for special financial arrangements, please contact our Executive Director, Matt Oziel at [moziel@shaaretorah.org](mailto:moziel@shaaretorah.org). All such requests will be handled in strict confidence.

- Special payment plan**
- Lump sum Building Fund discount**
- Dues/tuition variance**
- Other financial issues**

### Privacy Policy

Shaare Torah is committed to following the guidelines of the Shaare Torah Policy on privacy of Membership Data. The policy is intended to help safeguard the privacy of our members' personal information and data. A copy of this policy is available upon request. Unless otherwise requested, Shaare Torah may use pictures of program participants in our print and online publicity, website, and social media.

### Membership *Brit*/Covenant

I/We support the mission and values of synagogue life, desire to be in a warm and welcoming Jewish community, and hereby apply for membership in Shaare Torah, Inc. I/We agree to abide by and conform to its constitution and by-laws and any subsequent amendments or policies. I/We undertake to make payment in accordance with the present requirements or those which may be adopted in the future.

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**Signature**

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**Date**

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**Signature**

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**Date**

### Payment Arrangements

I will pay a lump sum each year by check (submitted by July 31 or within 30 days of joining)

Please bill me in monthly installments using the method below:

- **Direct Debit/ACH**
- **Credit Card** (Note that a processing fee of 3% will be added to any payments made by credit card)

Payment methods may be set up by the primary user on the account by logging into ShulCloud using the link emailed to your inbox, clicking the "Pay Methods" tab and "Add New Payment Method." If you would like assistance setting up your pay method, please call the office at (301) 869-9842.

### Submitting This Form:

To submit this form, please save it to your computer and email it as an attachment to Devin Egber at [degber@shaaretorah.org](mailto:degber@shaaretorah.org)

**OR**

Print out the form and mail or drop it off at our address-

1409 Main Street, Gaithersburg, MD 20878