

# Shaare Torah Community Application 2024 - 2025

5785

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 with any questions. We look forward to including you in our Shaare Torah family!

### **Household Information:**

Apt:		
State: Zip:		
(for general use and billing		
Birth Date School		

First Adult:			
Full Name: Nie	ckname:		
	Email Address:		
Occupation: Er			
Work Phone: ( )			
Best Email:			
Birth date:			
The following information helps us be sensitive to the needs cycle events such as B'nei Mitzvah, marriage, death, and du information blank if not Jewish; "unknown" if not known; "Ab by choice. Rabbi Scott (rabbiscott@shaaretorah.org) welco Your Hebrew name (use English characters):	ring emergencies. You may leave this raham" and Sarah" for parents' names if a Jew mes and encourages any questions.		
Mother's Hebrew name:			
Father's Hebrew name:			
Bar/Bat Mitzvah portion (if known):			
Yahrzeits (anniversaries of deaths of	_		
Name Relationship He	ebrew and/or English Date of Death mm/dd/yyyy		
Your Interests	<ul><li>Pre-Teen Experiences</li><li>Teen Experiences Family Programs</li></ul>		
<ul> <li>Adult education</li> <li>Adult social programs</li> <li>Israel news and experiences</li> <li>Men's club</li> <li>Women's club</li> </ul> Leadership/Volunteering	<ul> <li>Shabbat and Holiday Experiences</li> <li>Chesed/Kindness</li> <li>Operations/Facility</li> <li>Religious Life</li> <li>Social Action</li> <li>Other:</li> </ul>		
<ul> <li>Engagement</li> <li>Education (Early Childhood/Religious School/Teen)</li> <li>Finance</li> <li>Fundraising</li> <li>Green Team</li> <li>Early Childhood Experiences</li> <li>Primary Grade Experiences</li> </ul>	Are there any religious skills you would like to share with the community? (leading services, reading Torah or haftorah, blowing Shofar, etc		

### Second Adult (if applicable): 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): Hebrew and/or English Date of Death Name Relationship mm/dd/yyyy Pre-Teen Experiences Your Interests Teen Experiences Family Programs Adult education Shabbat and Holiday Experiences Adult social programs Chesed/Kindness Israel news and experiences Operations/Facility Men's club Religious Life Women's club Social Action Leadership/Volunteering Other: Engagement Are there any religious skills you would like to Education (Early Childhood/Religious School/Teen) share with the community? (leading services, Finance reading Torah or haftorah, blowing Shofar, etc.) Fundraising Green Team Early Childhood Experiences Primary Grade Experiences

# Shaare Torah Community 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:

☐ <b>FAMILY MEMBER</b> - 2 adult household where 1 or I	ooth adults are Jewish	\$3,545/year OR \$295.41/month			
☐ <b>FAMILY MEMBER OVER 65</b> - 2 adult household whare Jewish and both are 65 years or older	nere 1 or both adults	\$1,690/year OR \$140.83/month			
☐ <b>FAMILY MEMBER UNDER 30</b> - 2 adult household ware Jewish and both are 30 years or younger	where 1 or both adults	\$2,260/year OR \$188.33/month			
☐ <b>FAMILY MEMBER SINGLE PARENT</b> - 2 adult house adults are Jewish and both are 30 years or younger	ehold where 1 or both	\$2,330/year OR \$194.16/month			
☐ <b>INDIVIDUAL</b> - Jewish individual, 18 years or older		\$1,690/year OR \$140.83/month			
☐ <b>INDIVUDAL OVER 65</b> - Jewish individual, 65 years	or older	\$1,150/year OR \$95.83/month			
☐ <b>INDIVIDUAL UNDER 30</b> - Jewish individual, 18-30	years of age	\$1,380/year OR \$115/month			
☐ <b>RELATED COUPLE</b> - Relatives of a Shaare Torah n household who belong to another congregation or live		\$600/year OR \$50/month			
☐ <b>RELATED INDIVIDUAL</b> - A single relative of a Shabelongs to another congregation or lives outside the an		\$490/year OR \$40.83/month			
☐ <b>FIRST YEAR SPECIAL</b> - I/We would like to take Sh above rates in the first year	aare Torah up on its offe	er to pay one-half of the			
☐ <b>BUILDING FUND DEFERMENT</b> - I/We would like to payment of the Building Fund Assessment until our second					
Secu Each household is also expected to pay an annual secu infrastructure and physical access to the building	rity Fee rity fee of \$200 to cover	expenses associated with			
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. All such requests will be handled in strict confidence.					
☐ Special payment plan	☐ Lump sum Buildin				
☐ Dues/tuition variance	Other financial iss	ues			

#### **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.

Signature	Date	Signature	Date				
Payment Arrangements							
I will pay a lump sum each year	r by check (s	submitted by July 31 or within 3	0 days of joining)				
Please bill me in monthly insta	llments usin	g 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

OR

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

1409 Main Street, Gaithersburg, MD 20878