

Congregational Engagement Information

 **Mail to: 2275 Schuetz Rd. | Maryland Heights, MO 63146**

**Or, scan and email to**: Carol Wolf Solomon, Administrator | stlshirhadash@gmail.com

# Adult 1

Name:

Last First Middle

Gender Identity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what religious tradition were you raised? (check all that apply):
Jewish:  Reform  Reconstructionist  Conservative  Orthodox  Secular Jewish

Other religious tradition(s) (please name):

Date of Birth (MM/DD/YYYY): / / Hebrew Name (if known):

E-mail: Cell Phone: Profession/Title: Work Phone: Company:

Food Allergies / Dietary Restrictions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Adult 2

Name:

Last First Middle

Gender Identity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what religious tradition were you raised? (check all that apply):
Jewish:  Reform  Reconstructionist  Conservative  Orthodox  Secular Jewish

Other religious tradition(s) (please name):

Date of Birth (MM/DD/YYYY): / / Hebrew Name (if known):

E-mail: Cell Phone: Profession: Alt. Phone: Company:

Food Allergies / Dietary Restrictions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Home

Address:

Number & Street City State Zip Code

Anniversary: / / Home Phone:

# Children residing with you

Name Gender Birthdate

# Children not residing with you

Name Gender Birthdate

(over)

**How did you hear about us?**  Website  Facebook  Internet Search  Ad

 Friend/Relative/Member:  Other:

# Names of Relatives/Friends Affiliated with Shir Hadash (if applicable)

Name: Relationship: Name: Relationship: Name: Relationship:

# Yahrzeits

Please list names and dates of loved ones for whom you wish notices sent. Names read at Kaddish commemorating a Yahrzeit (the anniversary of one’s passing) shall follow Jewish traditions and include the following relationships: parents, children, spouses/domestic partners, siblings and (only if requested) grandparents of adult members. For recent losses, names read during the period of shloshim and yizkor shall not be limited as above and are open to members’ requests. (Add additional pages if needed)

Name of Member Name of Deceased Relationship Date of Death Before or After Sunset

(Mo/Day/Year)

# Other Affiliations

Prior congregational affiliation(s): Current organizational affiliation(s) e.g. Hadassah, Sierra Club, etc.:

Is there anything you’d like us to know about you or your family?

# Congregational Involvement

There are many ways for you to engage with our Shir Hadash community. We look forward to helping you connect with our members and our community in whatever ways are most meaningful for you.

Interests: (Jewish or secular - music, text study, book groups, art, etc.)

Skills: (Torah reader, songleader, musician, web design, social media, technology, etc.)

Committees: (check any or all that are of interest)

 Education  Tikkun Olam  Finance  Ritual  Development  Membership  Chesed

# Gifts from the Heart

We believe strongly that membership should be available and accessible to all. No one will be turned away due to financial concerns. I/We agree to make arrangements for our financial commitment to Shir Hadash prior to our membership taking effect.

Signature: Signature: Date: