



# CONGREGATION SHOMREI EMUNAH

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## MEMBERSHIP APPLICATION

*Please print clearly*

\_\_\_\_\_ **Full Membership\***    \_\_\_\_\_ **Friend of Shomrei\***    \_\_\_\_\_ **Weekday Membership\***

<b>Name</b>	
(incl. Titles eg, Dr.)	
English Name: _____ Married _____ Single _____	
If married, English name of spouse _____	
<b>Contact Information</b>	
Home address _____	
City _____	State _____ Zip _____
Home phone: _____	
Cell phone number(s): _____	
Email: _____	
<u><b>Hebrew Name</b></u> Hebrew name: _____ ___ Kohen ___ Levi  Father's English name: _____ Father's Hebrew name: _____ Mother's English name: _____ Mother's Hebrew name: _____	<u><b>Hebrew Name of Spouse</b></u> Hebrew name: _____  Father's English name : _____ Father's Hebrew name: _____ Mother's English name: _____ Mother's Hebrew name: _____
<u><b>Occupation</b></u> Occupation: _____  Business Address: _____  Office Email/phone: _____	<u><b>Occupation of spouse</b></u> Occupation: _____  Business Address: _____  Office Email/phone/: _____
<b>Birthdates: (mm/dd/yr)</b>	
_____ Birthdate of spouse: _____	
Bar Mitzvah Parsha: _____	
<b>If you are willing to lead davening, please check one or more:</b>	
<input type="checkbox"/> Any <input type="checkbox"/> Shabbos Shacharis <input type="checkbox"/> Shabbos Mincha <input type="checkbox"/> Kabalas Shabbos <input type="checkbox"/> Shabbos Musaf <input type="checkbox"/> Weekday	

**Children** (please continue on back if you need more room)

English name	Hebrew Name	Birthdate:

**Yahrtzeits** (please continue on back if you need more room)

Name	Relationship	Hebrew Date

**If you would like to be a volunteer** on one of our committees, please check as many boxes as you wish:

- Adult Education
- Social: BBQ Chanukah Purim
- Membership
- Religious
- Community Outreach: Associated Balto. Jewish Council JCC OU
- Chesed/Bikur Cholim
- Women of the Round Table (Sisterhood)
- Youth
- Marketing/PR
- Hospitality
- Israel Action
- Office Support (mailings, etc.)
- Book Club

I/We hereby apply for membership in Congregation Shomrei Emunah and agree to abide by the obligations of membership.

Signature \_\_\_\_\_  
 Date \_\_\_\_\_

**\* DUES:**

- Full Membership:** \$600 per year
- Weekday Membership:** \$300 per year
- Friend of Shomrei** - \$120 per year

Welcome to Shomrei Emunah! Please submit this application with payment in full. Send to: 6221 Greenspring Avenue, Baltimore, MD 21209.