



87 Richardson Road
North Chelmsford, MA 01863
(978) 251-8091
www.congregationshalom.org

Congregation Shalom Membership Application

Member 1:

Ms./Mrs./Mr./Dr./_____/ _____
(Preferred Salutation) (Last Name) (First name) (Middle Initial)

Member 2:

Ms./Mrs./Mr./Dr./_____/ _____
(Preferred Salutation) (Last Name) (First name) (Middle Initial)

Address: _____
(Street) (City/Town) (State) (Zip Code)

Home Phone: _____

Member 1 Cell phone: _____ E-mail address: _____

Member 2 Cell phone: _____ E-mail address: _____

Marital Status: Married Partnered Single (Anniversary Date) _____

Name of Congregation where most recently affiliated _____

Are you related to a member at Congregation Shalom? Yes No If Yes, name and relationship

How did you hear about Congregation Shalom? _____

Communications:

Please indicate which email(s) Congregation Shalom should use for temple communications:

- Member 1 Email Member 2 Email

About the adults in your household:

	Member 1	Member 2
Hebrew Name (if applicable)		
Date of Birth		
Occupation/Profession		
Special Skills / Talents you'd like to share		
Chant Torah / Read Hebrew		
Special accommodations needed	<input type="checkbox"/> Hearing Assistance Device <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Other _____	<input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Other _____

About the children in your household (if applicable):

	Child 1	Child 2	Child 3
Name			
Hebrew Name			
Date of Birth			
Male/Female			
Grade (or College level)			
Name of School (or College)			
Address if not living with you			

Are you planning a Bar/Bat Mitzvah in the next five years? If so, please give child's name(s) and anticipated year: _____

YOUTH ACTIVITIES (List children interested in the following)

Shalomites (Grades 8-12) _____

North American Federation of Temple Youth (NFTY) (Grades 9-12)

Junior Youth Group (Grades 5-7) _____ Children's Choir (Grades 3-7) _____

CONGREGATION SHALOM INVOLVEMENT

We are always interested in involving our members in the life and activities of our Congregation. Please indicate any areas of interest to the adults in your household.

Member Names: _____

Sisterhood	<input type="checkbox"/>	<input type="checkbox"/>
Brotherhood	<input type="checkbox"/>	<input type="checkbox"/>
Adult Education	<input type="checkbox"/>	<input type="checkbox"/>
Beautification / Fine Arts Committee	<input type="checkbox"/>	<input type="checkbox"/>
Caring Committee (coordinating meals/help for members)	<input type="checkbox"/>	<input type="checkbox"/>
Choir	<input type="checkbox"/>	<input type="checkbox"/>
College Committee	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>
House Committee	<input type="checkbox"/>	<input type="checkbox"/>
Landscaping	<input type="checkbox"/>	<input type="checkbox"/>
Library	<input type="checkbox"/>	<input type="checkbox"/>
Membership	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>
Publicity	<input type="checkbox"/>	<input type="checkbox"/>
Ritual	<input type="checkbox"/>	<input type="checkbox"/>
Scholarship	<input type="checkbox"/>	<input type="checkbox"/>
Social Action	<input type="checkbox"/>	<input type="checkbox"/>
Technology	<input type="checkbox"/>	<input type="checkbox"/>
Youth Commission	<input type="checkbox"/>	<input type="checkbox"/>

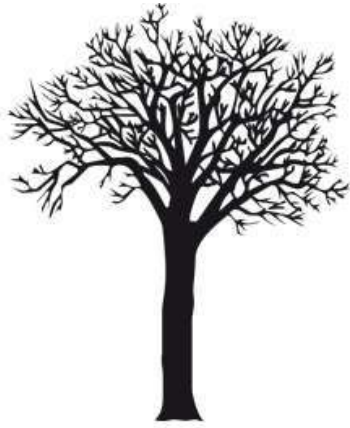
(Name and Date)

(Name and Date)

Please return your completed application to:

Membership Chairperson
 Congregation Shalom
 87 Richardson Road
 N. Chelmsford, MA 01863

membership@congregationshalom.org



YARZEIT INFORMATION

Please choose to remember your loved one's Yartzit (annual remembrance date of relatives who have passed away) by either the Jewish or English calendar.

Name of Deceased _____

Relationship to Member (and Member's name) _____

Date of Death _____

Please use the: Hebrew Calendar or English Calendar

Name of Deceased _____

Relationship to Member (and Member's name) _____

Date of Death _____

Please use the: Hebrew Calendar or English Calendar

Name of Deceased _____

Relationship to Member (and Member's name) _____

Date of Death _____

Please use the: Hebrew Calendar or English Calendar

Name of Deceased _____

Relationship to Member (and Member's name) _____

Date of Death _____

Please use the: Hebrew Calendar or English Calendar



CongregationShalom

2024-2025 ANNUAL COMMITMENT PLEDGE

The recommended Annual Commitment Pledge for 2024-2025 is \$2,600.

For a complete explanation please read the accompanying documents.

YES! I/we are pleased to confirm my/our membership in Congregation Shalom. I/we are making a Temple Pledge Commitment for \$

We invite each of you to make a commitment pledge in line with your financial ability. A pledge of \$2,600 will allow us to meet our Operating Need. If you are able to commit more, please do so to help strengthen Congregation Shalom.

I/We wish to pay our pledge:

One Payment

One full payment paid by 9/1/2024

Two Payments

Paid by 9/1/2024 and 12/31/2024

10 Payments

Paid on the 1st of each month beginning on 8/1/24

Please return this pledge form, no later than 30 days from receipt, by mail, in person, or by emailing the form to bookkeeper@congregationshalom.org. All payments are 100% tax-deductible. As always, all financial information is confidential.

Name _____

Name _____

Please PRINT name(s) of all adult household members legibly.