

SHA'AREI TORAH ק"ק שְׁעָרֵי תוֹרָה

Membership Application

Personal Information

Legal Name:		Hebrew Name:	
Mother's Hebrew Name:		Father's Hebrew Name:	
Date of Birth*:		(Men:) <input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisra'el	
Street Address:			
City:	State:	Zip Code:	
Preferred Phone Number:		Email Address:	

For single membership, continue with "Yahrzeits Observed" on the other side of the page. For family membership, fill in the applicable fields below.

Spouse's Personal Information

Legal Name:		Hebrew Name:	
Mother's Hebrew Name:		Father's Hebrew Name:	
Date of Birth*:		(Men:) <input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisra'el	
Preferred Phone Number:		Email Address:	

Children

(1)	Legal Name:
	Hebrew Name:
	Date of Birth*:
(2)	Legal Name:
	Hebrew Name:
	Date of Birth*:
(3)	Legal Name:
	Hebrew Name:
	Date of Birth*:
(4)	Legal Name:
	Hebrew Name:
	Date of Birth*:

Additional children can be added on a supplementary page if needed.

*Optional

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Yahrtzeits Observed

(1)	Legal Name:
	Hebrew Name:
	Relationship:
	Yahrtzeit (e.g. 26 Elul):
(2)	Legal Name:
	Hebrew Name:
	Relationship:
	Yahrtzeit:
(3)	Legal Name:
	Hebrew Name:
	Relationship:
	Yahrtzeit:
(4)	Legal Name:
	Hebrew Name:
	Relationship:
	Yahrtzeit:

Directory

To keep us better connected, Sha'arei Torah digitally publishes a for-members-only directory every year, containing members' contact information. Please note your preference for inclusion in this directory.

- Please include my/our information in the directory.
- Please do not include my/our information in the directory.

Please include any other pertinent information to the application below*:

If you, your spouse, and/or children have converted to Judaism, please attach copies of all relevant conversion documents. Final decisions on the eligibility of potential applicants for membership rest with our rabbi.

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Membership Rates

Membership (check one)

- | | |
|--|--|
| <input type="checkbox"/> Family: \$1,500 | <input type="checkbox"/> Enhanced Dues Silver: \$2,250 |
| <input type="checkbox"/> Single: \$750 | <input type="checkbox"/> Enhanced Dues Gold: \$3,000 |
| <input type="checkbox"/> Student (non-voting): \$100 | <input type="checkbox"/> Enhanced Dues Platinum: \$3,600 |
| <input type="checkbox"/> Reduced Dues* | <input type="checkbox"/> Enhanced Dues + Donation: _____ |

* Reduced membership rates are available for those in need. For a confidential review process, contact the treasurer (treasurer@shaareitorahcincy.org) or president (mmaltinsky@gmail.com).

Non-Member Option: Friends of Sha'arei Torah** (check one)

- | | |
|--|--|
| <input type="checkbox"/> Donation Level: \$180 | <input type="checkbox"/> Donation Level: \$1,000 |
| <input type="checkbox"/> Donation Level: \$360 | <input type="checkbox"/> Donation Level: \$1,800 |
| <input type="checkbox"/> Donation Level: \$500 | <input type="checkbox"/> Donation Level (other): _____ |

** Friends of Sha'arei Torah are steady donors whose involvement in services and programming is welcome. Sha'arei Torah's board, committees, and voting are only for members, and free usage of Sha'arei Torah's facilities are similarly restricted.

Name: _____

Email Address: _____

Payment Schedule (check one):

- Annually Semi-annually Quarterly Monthly

Payment Method (check one):

- Check – Checks can be made out to Congregation Sha'arei Torah.
- Online – Payments can be made at shaareitorahcincinnati.org/donations. Automatic monthly or quarterly payments are welcome. Please add in the note field whether a payment is for membership dues or a Friends of Sha'arei Torah donation.

Submit your completed form by email (treasurer@shaareitorahcincy.org) or by postal mail (Congregation Sha'arei Torah, 2400 Section Road, Cincinnati, OH 45237). Please contact treasurer@shaareitorahcincy.org if you have any questions.