

Congregation Shirat Hayam

185 Plain Street, Marshfield

P.O. Box 2727

Duxbury, MA 02332

781-582-2700

Email: info@shirathayam.net

Web: www.shirathayam.net

Membership Form

Family Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell phone _____

Email Address(s) _____

Adult 1 name: _____ DOB _____

Adult 2 name: _____ DOB _____

Children's names and DOB: _____

What is your occupation and work phone number?

Adult 1: _____

Adult 2: _____

Will your children attend our religious school? Please list names and grades.

Which committee(s) would you be interested in joining?

Education____ Fundraising ____ Strategic Planning____

Religious Programs____ Ritual ____ Social Action____

Finance____ Membership ____

Do you have special skills or talents? (ie. Music, art...)

Is there something special you hope to gain from involvement in Congregation Shirat Hayam?

Do you have Yahrzeits for loved one that you would like acknowledged at services?

| Name | Relationship | Date |
|------|--------------|------|
|------|--------------|------|

Do you anticipate life cycle events during the next two years? _____

Baby Naming ____ Bar/Bat Mitzvah ____ Wedding ____ other ____

Will you attend High Holy Day services at Congregation Shirat Hayam? _____

Membership includes seats for you and your immediate family. Guests are welcome and a minimum \$50 donation per adult per service is gratefully appreciated.

Dues amount enclosed: \$ _____ Check # _____

We are pleased to accept your credit card payment. Please complete the information below.

Check one: Mastercard ____ Visa ____

Account No. _____ exp. Date: Mo. ____ Yr. ____

Plus 3 digits (on back of card) _____

Amount \$ _____ Date _____