



**Congregation Shaara Tfille**  
**The Jewish Community Center of Saratoga Springs**  
 84 Weibel Avenue, Saratoga Springs, NY 12866  
 Phone: 518.584.2370 E-mail: [saratogajcc@albany.twebc.com](mailto:saratogajcc@albany.twebc.com)

MEMBERSHIP APPLICATION

APPLICANT NAME(S): \_\_\_\_\_ Date: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_

| APPLICANT INFORMATION  | SPOUSE/PARTNER INFORMATION   |
|--|--|
| English Name:  | English Name:  |
| Hebrew Name: (skip to next block if unsure of Hebrew spellings)<br>שם:                      בן/בת                      ג | Hebrew Name: (skip to next block if unsure of Hebrew spellings)<br>שם:                      בן/בת                      ג |
| English Transliterations: Applicant:<br>Father:                      Mother:   | English Transliterations: Spouse/Partner:<br>Father:                      Mother:  |
| Please select one: Kohen / Levi / neither or unsure  | Please select one: Kohen / Levi / neither or unsure  |
| Date of Birth:   | Date of Birth:   |
| Occupation:  | Occupation:  |
| Business Phone:  | Business Phone:  |

Date of Marriage (if applicable): \_\_\_\_\_

CHILDREN: Please list only unmarried dependent children under 21 years of age or unmarried dependent children in college or university (they are entitled to participate in full family membership privileges.)

| Name  | Birth Date | Attends Hebrew Nursery or Day School |
|-------|------------|--------------------------------------|
| _____ | _____      | _____                                |
| _____ | _____      | _____                                |
| _____ | _____      | _____                                |

Please omit the following information about me and/or my family from the Synagogue Directory:  
 \_\_\_ Home Phone                      \_\_\_ Cell Phone                      \_\_\_ E-Mail Address(es)  
 \_\_\_ Children's Names                      \_\_\_ Children's Birthdates                      \_\_\_ Other: \_\_\_\_\_

Yahrzeit Information

| FIRST NAME        | LAST NAME | RELATIONSHIP | DATE | HEBREW DATE |
|-------------------|-----------|--------------|------|-------------|
| 1. ENGLISH: _____ |           |              |      |             |
| HEBREW: _____     |           |              |      |             |
| 2. ENGLISH: _____ |           |              |      |             |
| HEBREW: _____     |           |              |      |             |
| 3. ENGLISH: _____ |           |              |      |             |
| HEBREW: _____     |           |              |      |             |
| 4. ENGLISH: _____ |           |              |      |             |
| HEBREW: _____     |           |              |      |             |

CONGREGATIONAL ACTIVITIES

Dues and volunteerism are necessary for our Congregation to function. Volunteers are needed in all areas of Congregational activities. Our Congregation is only as strong as our membership participation. Please mark any activities for which you would be willing to volunteer.

Select Congregational activities:

Minyans: Be a member of the Minyan to help provide the needed number of congregants for Monday and Thursday morning services, Friday Shabbat services or Saturday morning Shabbat services.

Youth Activities: Participate in activities in which our younger congregants are interested.

Hebrew School: Assist Hebrew School teachers. Mentor a Bar/Bat Mitzvah student.

Adult Education: Further your Jewish education through classes.

Sunshine and Hospital Visitation: Help bring a smile to someone's face.

Sisterhood: Participate in activities sponsored by the women of our Congregation.

Men's Club: Meet fellow men of the Congregation and enjoy activities planned by the group.

House & Grounds: Special building projects, painting, grounds clean-up, etc.

Transportation: Provide a way for congregants to enjoy a Synagogue activity they could not otherwise attend.

Membership: Help a new member family feel welcome.

Bingo/Pull-Tabs: This is our major fundraiser. Help is needed selling Bingo cards and Pull-tabs, preparing and selling refreshments, calling and walking the floor.

ADDITIONAL INFORMATION

If there is any additional information you think would be helpful in our consideration of this request to become a member(s) of Congregation Shaara Tfilla, please include it in the space below:

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Thank you for your interest in Congregation Shaara Tfilla.