



**Congregation Shaara Trille**  
**The Jewish Community Center of Saratoga Springs**  
84 Weibel Avenue, Saratoga Springs, NY 12866  
Phone: 518.584.2370 E-mail: [saratogajcc@albany.twcbc.com](mailto:saratogajcc@albany.twcbc.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) שם: _____ בן/בת _____	Hebrew Name: (skip to next block if unsure of Hebrew spellings) שם: _____ בן/בת _____
English Transliterations: Applicant: Father: _____ Mother: _____	English Transliterations: Spouse/Partner: 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: \_\_\_\_\_

## YAHRTZEIT 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.

#### 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:

---

---

---

---

---

---

---

---

---

---

Thank you for your interest in Congregation Shaara Tfilla.