



5/1/2022

MEMBER FORM – 2022

MEMBER INFORMATION

Member(s) _____

Winter Address _____

Winter Phone # _____

Summer Address _____

Summer Phone # _____

E-Mail Address _____

High Holy Day Mailing

The High Holy Day Mailing is expected to be sent mid-August. To which address should it be sent?

Winter

Summer

YOUR CURRENT MEMBER CATEGORY

- \$ 3,600 Double Chai
- \$ 1,800 Chai
- \$ 1,200 Sustainer
- \$ 600 Individual/Family
- \$ _____ Friend

(to contribute less than the listed categories; please indicate amount)

Membership	_____
Other Donation	_____
TOTAL	=====

PAYMENT INFORMATION

Online www.shirathayamnantucket.org/join/

Check Please enclose in the return envelope

Credit Card

Name on card _____

Card Number _____

Exp Date _____

Card address (if different from winter address above) _____

Please add your member information, select your membership level, complete payment information and return this form and check in the enclosed envelope (or, if no check, email scanned copy to shayam@comcast.net). If you would like to make instalment payments or have any questions, please contact Steve Godwin at shayam@comcast.net or 508-228-6588.

Thank you for your support of Congregation Shirat Ha Yam

Please consider providing the **optional** member information on the reverse side

MEMBER INFORMATION

Shirat HaYam is a pluralistic congregation, welcoming everyone from all denominations. We aspire to be a sacred congregation where all members feel they are known as individuals and families, and their participation and contributions of all kinds are welcomed and valued. To better understand and serve the needs of our members, we ask you to complete this voluntary, confidential survey. The information collected here will be used to better inform our programming and strategic priorities.

	English Name	Hebrew Name	Birthday (Month/Day/Year)
Spouse / Partner 1			
Spouse / Partner 2			
Children *			

Other synagogue affiliations	

* We encourage your children over the age of 30 to consider joining as separate members.

How much time do you usually spend on Nantucket?

- | | |
|-------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Seasonal | <input type="checkbox"/> Occasional Visitor |
| <input type="checkbox"/> Year-Round | <input type="checkbox"/> Other |

Our congregation's services and programs are organized by dedicated volunteers. Would anyone in your household be interested in getting involved with any of the following? Please select all that apply.

- | | |
|------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Greeting at services | <input type="checkbox"/> Engaging members generally |
| <input type="checkbox"/> Leading services | <input type="checkbox"/> Engaging young families |
| <input type="checkbox"/> Planning children's education | <input type="checkbox"/> Communications, including social media |
| <input type="checkbox"/> Planning speakers | <input type="checkbox"/> Planning sports and fitness activities |
| <input type="checkbox"/> Planning adult education | <input type="checkbox"/> Planning a social event |
| <input type="checkbox"/> Hosting a speaker / study session | <input type="checkbox"/> Hosting a social event |
| <input type="checkbox"/> Planning Tikkun Olam activities | <input type="checkbox"/> Fundraising and development |

Does anyone in your household identify with any of the following? Please select all that apply.

- | | |
|----------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Jewish by birth or choice | <input type="checkbox"/> In the process of converting to Judaism |
| <input type="checkbox"/> Do not identify as Jewish | <input type="checkbox"/> Other |

What was your religious upbringing? Please select all that apply.

- | | |
|--------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Reform | <input type="checkbox"/> Conservative |
| <input type="checkbox"/> Reconstructionist | <input type="checkbox"/> Orthodox |
| <input type="checkbox"/> Secular | <input type="checkbox"/> Non-Jewish |

Does anyone in your household identify as being a part of the LGBTQ+ community?

- | | |
|------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> No | <input type="checkbox"/> Please contact me for preferred pronouns |