Shirat Ha Yam Membership Information Form

Please complete the information below to help us keep our records up to date and better connect with you. All information will be kept confidential and email addresses will not be shared with outside organizations. **All questions on this form are optional and may be left blank.**

If there's additional information you'd like us to know, please email us at *Admin@ShiratHaYamNantucket.org*.

Household Information & Personal Details

Spouse / Partner 1:

Name (first & last) _____

Hebrew Name _____

Email _____

Mobile Phone _____

Birthday _____

Spouse / Partner 2:

Name (first & last) _____

Hebrew Name _____

Email _____

Mobile Phone _____

Birthday _____

Summer Address:

Address _____

Phone _____

Winter Address:

Address _____

Phone _____

Preferred Address for Spring Mailing:

☐ Summer ☐ Winter

Personal Details

Does anyone in your household identify as part of the LGBTQ+ community? ☐ Yes ☐ No ☐ Prefer not to say

Preferred pronouns: _____

Household Preferences

To help ensure our records are accurate, please let us know how you would like to be addressed in communications:

☐ We use the same last name ☐ We use different last names _____
(please specify preferred format)

Wedding Anniversary: _____

Public Notifications

In addition to sending private birthday and anniversary greetings, we may include names (day/month only) in our e-blasts. Please indicate your preferences:

☐ Opt out of Spouse/Partner 1 birthday public notification ☐ Opt out of Spouse/Partner 2 birthday public notification

☐ Opt out of Anniversary public notification

Children / Family

Please list children's names, Hebrew names, and age or year of birth:

_____ _____

_____ _____

Membership/Religious History & Professional Background

Approximately what year did you become a member of Congregation Shirat HaYam? _____

Do you currently belong to another congregation off-island? ☐ Yes ☐ No

If yes, please list: _____

Spouse / Partner 1
Religious Background & Identity:

In what religious tradition were you raised?

_____

With which religious tradition do you identify today?

_____

Profession / Occupation: _____

Professional background, areas of expertise, or prior profession *(if retired)*: _____

Spouse / Partner 2
Religious Background & Identity:

In what religious tradition were you raised?

_____

With which religious tradition do you identify today?

_____

Profession / Occupation: _____

Professional background, areas of expertise, or prior profession *(if retired)*: _____

Community Engagement

Skills & Interests

Do you have specific skills or interests you would like to share with the community?

_____

_____

Programs & Interests

Are there programs or initiatives you would like us to offer?

_____

_____

Volunteer Opportunities

Our congregation is largely organized and run by volunteers. We welcome your involvement and will follow up with ways to participate.

Committee Interest

Please indicate if you are interested in learning more about or joining any of the following committees:

☐ Membership Outreach ☐ Adult Education ☐ Ritual ☐ Finance ☐ Social ☐ Speakers ☐ Fundraising

Ways to Get Involved

☐ Greeting at services ☐ Leading services ☐ Planning children's education ☐ Planning adult education ☐ Planning speakers

☐ Hosting a speaker or study session ☐ High Holiday services & support ☐ Planning Tikkun Olam activities

☐ Engaging members generally ☐ Engaging young families ☐ Planning sports & fitness activities ☐ Planning a social event

☐ Hosting a social event ☐ Fundraising and development

Yahrzeit Information

If you would like us to include loved ones in our Yahrzeit observances, please list names and dates of passing:

_____ _____

_____ _____