



CONGREGATION SHOMREI EMUNAH

6221 Greenspring Avenue, Baltimore MD 21209 410-358-8604
office@shomreiemunah.org www.shomreiemunah.org

MEMBERSHIP APPLICATION

Please print clearly

Full Membership* Under 30 Full Membership* Friend of Shomrei* Weekday Membership*

Name	
(incl. Titles eg, Dr.)	
English Name: _____ Married _____ Single _____	
If married, English name of spouse _____	
Contact Information	
Home address _____	
City _____	State _____ Zip _____
Home phone: _____	
Cell phone number(s): _____	
Email: _____	
<u>Hebrew Name</u> Hebrew name: _____ <input type="checkbox"/> Kohen <input type="checkbox"/> Levi Father's English name: _____ Father's Hebrew name: _____ Mother's English name: _____ Mother's Hebrew name: _____	<u>Hebrew Name of Spouse</u> Hebrew name: _____ Father's English name : _____ Father's Hebrew name: _____ Mother's English name: _____ Mother's Hebrew name: _____
<u>Occupation</u> Occupation: _____ Business Address: _____ Office Email/phone: _____	<u>Occupation of spouse</u> Occupation: _____ Business Address: _____ Office Email/phone/: _____
Birthdates: (mm/dd/yr)	
_____ Birthdate of spouse: _____	
Bar Mitzvah Parsha: _____	
If you are willing to lead davening, please check one or more:	
<input type="checkbox"/> Any <input type="checkbox"/> Shabbos Shacharis <input type="checkbox"/> Shabbos Mincha <input type="checkbox"/> Kabalas Shabbos <input type="checkbox"/> Shabbos Musaf <input type="checkbox"/> Weekday	

Children <i>(please continue on back if you need more room)</i>		
English name	Hebrew Name	Birthdate:
Yahrtzeits <i>(please continue on back if you need more room)</i>		
Name	Relationship	Hebrew Date
If you would like to be a volunteer on one of our committees, please check as many boxes as you wish:		
<input type="checkbox"/> Adult Education		
<input type="checkbox"/> Social: BBQ Chanukah Purim		
<input type="checkbox"/> Membership		
<input type="checkbox"/> Religious		
<input type="checkbox"/> Community Outreach: Associated Balto. Jewish Council JCC OU		
<input type="checkbox"/> Chesed/Bikur Cholim		
<input type="checkbox"/> Women of the Round Table (Sisterhood)		
<input type="checkbox"/> Youth		
<input type="checkbox"/> Marketing/PR		
<input type="checkbox"/> Hospitality		
<input type="checkbox"/> Israel Action		
<input type="checkbox"/> Office Support (mailings, etc.)		
<input type="checkbox"/> Book Club		
I/We hereby apply for membership in Congregation Shomrei Emunah and agree to abide by the obligations of membership.		
Signature _____		
Date _____		
*DUES:		
<input type="checkbox"/> Full Membership: \$600 per year		
<input type="checkbox"/> Under 30 Full Membership: \$300 per year – for families where heads of household are under age 30		
<input type="checkbox"/> Weekday Membership: \$300 per year		
<input type="checkbox"/> Friend of Shomrei - \$120 per year		

Welcome to Shomrei Emunah! Please submit this application with payment in full. Send to: 6221 Greenspring Avenue, Baltimore, MD 21209.