



New Member Application 2020-2021



Title	Last Name	First Name	Middle Name	Preferred Pronoun	Religious Identity
Address			City	State	Zip
Email		Home Phone	Cell Phone	Birthdate	

Partner (if applicable)

Title	Last Name	First Name	Middle Name	Preferred Pronoun	Religious Identity
Email		Home Phone	Cell Phone	Birthdate	

Current/Most Recent Synagogue Affiliation (if applicable)

Synagogue Name	City	Years as a Member
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Children (under 26 or on Social Security Disability Insurance)

Name (First Middle Last)	Birthdate	Preferred Pronoun	Religious Identity
Name (First Middle Last)	Birthdate	Preferred Pronoun	Religious Identity
Name (First Middle Last)	Birthdate	Preferred Pronoun	Religious Identity
Name (First Middle Last)	Birthdate	Preferred Pronoun	Religious Identity

Thank you for your interest in Congregation Shirat Hayam. A representative of our Welcome Team will reach out to introduce you to our congregational family.

Please return this application with your New Member Commitment form.

Via mail to:
Membership
Congregation Shirat Hayam
55 Atlantic Avenue
Swampscott, MA 01907

Via email to:
Barri Stein at Barri@ShiratHayam.org

Questions? Please call (781) 599-8005