



# New Member Application 2023-2024



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
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Name (First Middle Last)	Birthdate	Preferred Pronoun	Religious Identity
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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](mailto:Barri@ShiratHayam.org)

**Questions?** Please call (781) 599-8005