



Member information

New members, please provide the information requested in the following table.

Returning members, please provide name(s) and update any information as necessary. Also please specify (Y/N) for permissions as requested.

	Adult 1	Adult 2
	Name:	Name:
Mailing Address (street, town, zip)		
Hebrew Name (if known)		
Birthday (MM/DD/YYYY)		
Cell Phone		
Occupation		
Email Address		
Permission to publish info in member directory (Y/N)		
Permission to use photos for marketing including the website (Y/N)		

	Child 1	Child 2	Child 3	Child 4
Name (Last, First)				
Hebrew Name				
Current Grade				
Birthday (MM/DD/YYYY)				
Permission to publish info in member directory (Y/N)				
Permission to use photos for marketing including the website (Y/N)				

Dues Obligation

Sha'arei Shalom membership dues are based on member-reported annual household income. **Please refer to the rate schedule below and circle the appropriate amount.** Member families who refer a new member are eligible to receive a \$100 credit on their following year's dues. If you referred a family to us in 2017, please email treasurer@shaareishalom.org to confirm eligibility.

Please return this form with payment by January 31 to:
Treasurer, Sha'arei Shalom, P.O. Box 454 Ashland, MA 01721

NEW MEMBERS: One-year introductory rate for new members **\$ 360**

RENEWING MEMBERS: If your annual household income is...then your dues are:

Less than \$50,000	\$ 625
Between \$50,000 - \$100,000	\$ 935
Between \$100,000-\$150,000	\$ 1,170
Between \$150,000-\$200,000	\$ 1,270
Over \$200,000	\$ 1,370
Senior Rate for age 65 and over (please submit normal rate if able)	\$ 485

PAYMENT OPTIONS: (please circle one)

Annually full payment due 1/31/19

Semi Annually payment #1 due 1/31/19, payment #2 due 6/30/19

ADDITIONAL DONATION: We appreciate and welcome additional donations if you are able. Please indicate where it should be allocated. Amount: _____ general fund ____ building fund ____

AMAZON SMILE: Click [here](#) to set Sha'arei Shalom as your charity of choice on Amazon Smile. [Please note that the site will ask you if you want to support The Reform Jewish Congregation of Ashland. That is not an error. It is our congregation's legal name.] Once you have set your charity just visit smile.amazon.com and shop as you normally would. Amazon will make a small contribution to our community each time you make a qualifying purchase.

OTHER INFORMATION

ONEG SHABBAT

It is the responsibility of our member families to host an Oneg Shabbat, which follows each Friday evening service. Please let us know if there is a special time when you would like to host an Oneg, and our Oneg coordinator will contact you with the specific date. Your date can coordinate with a special occasion, such as a Bar/Bat Mitzvah, Birthday, Anniversary, etc.

I would like to host the Oneg Shabbat in _____ (month), _____ (year)

VOLUNTEER OPPORTUNITIES

Volunteering just a little bit of your time in our small community will help to make Sha'arei Shalom thrive. Please indicate if you can volunteer in any of the following areas:

- Hebrew School Committee
- Membership Committee
- Publicity Committee
- Ritual Committee
- Tikkun Olam (Social Action)
- Fundraising
- Helping Hands
- Other (please specify) _____

If you have any additional interests, hobbies, skills that you can share with our community, please list them here: _____

NEW MEMBERS

We advertise in many places to attract new members, please let us know how you heard about Sha'arei Shalom.

FACEBOOK

We are on Facebook! Please join our group: www.facebook.com search: Sha'arei Shalom Ashland, MA. Visit often to find out about events, press releases and interesting news. Click the LIKE button to let your friends know about us too!