

Membership Application
CONGREGATION NISHMAT AM – קהילת נשמת עם

972-618-2200

2113 W. Spring Creek Parkway, Plano, TX 75023

www.nishmatam.org

“Enlightening and Enriching Jewish Lives... One Soul at a Time

Thank you for your interest in membership at Congregation Nishmat Am!

Congregation Nishmat Am is a Synagogue community whose mission is to bring the teachings of the Torah into our daily lives and to plant love for our heritage and traditions in our hearts. We promote commitment to the State of Israel and its people and we bring together and inspire a wide spectrum of the Jewish population to pray, sing, and learn together in an environment that embodies holiness, spirituality and joy.

Congregation Nishmat Am is a vibrant spiritual center, creating a meaningful, dynamic Jewish environment that meets the spiritual, cultural, and educational needs of our members. We foster an atmosphere of family within the congregation and endeavor to instill pride in our identity and heritage while building a strong Jewish foundation for future generations.

Congregation Nishmat Am's Shabbat and Holiday services are a blend of tradition and innovation. We thrive on a participatory experience so that everyone feels spiritually uplifted.

In addition to the Shabbat and Holiday services, there are many other opportunities to celebrate Jewish life and to observe the major events on the Jewish calendar. These aspects of our programs combine with a highly social atmosphere and intimate environment to create the unique experience at Nishmat Am.

We are confident that your experience as a member of Nishmat Am will be a gratifying and meaningful one for you and your family.

WE ARE A GREAT FAMILY FOR YOUR FAMILY.

Please send the completed application along with your payment information to:

**Congregation Nishmat Am
2113 West Spring Creek Parkway
Plano, Texas 75023**

OR

Fax to: 972-618-2216

**If you have questions or need further information, please call our office at
972-618-2200 or write to us at info@nishmatam.org.**

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Date _____

Membership Categories

Please check one membership category (see last page for descriptions and fees):

FAMILY

INDIVIDUAL

ASSOCIATE MEMBERSHIP

STUDENT

Family and Home Information

Family Name: _____

Address: _____ City _____ State _____ Zip: _____

Phone (_____) _____ Home Fax (_____) _____

Indicate below the e-mail address(es) and fax number(s) to which you prefer communications be sent.

E-Mail #1 _____ #2 _____

Fax #1 _____ #2 _____

ADULT #1

Full Name _____

Date of Birth _____

Wedding Anniversary _____

Employer _____

Cell Phone _____

Work Phone _____

E-Mail _____

Please check one:

____ Jewish by birth ____ Jewish by conversion

Hebrew Name (use Hebrew or English characters)

Father's Hebrew Name

Mother's Hebrew Name

Please check one:

Kohen Levi Yisroel Don't Know

ADULT #2

Full Name _____

Date of Birth _____

Wedding Anniversary _____

Employer _____

Cell Phone _____

Work Phone _____

E-Mail _____

Please check one:

____ Jewish by birth ____ Jewish by conversion

Hebrew Name (use Hebrew or English characters)

Father's Hebrew Name

Mother's Hebrew Name

Please check one:

Kohen Levi Yisroel Don't Know

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CHILDREN LIVING IN THE HOUSEHOLD OR AWAY AT SCHOOL

CHILD #1

First Name: _____ Middle: _____ Last Name: _____

Full Hebrew Name (Transliteration): _____

Birthdate (mo/day/yr.): _____ Age: _____ Sex: Male Female

Is child Jewish by Birth or Conversion (please attach a copy of conversion certificate)

Officiating Rabbi's Name: _____ Date of Conversion: _____

Name of Synagogue (or other location) where the conversion took place: _____

Name of Secular School: _____ Grade Level: _____

Religious school previously attended: _____

Will child attend our Nishmat Am's Religious School? Yes No

Will child attend Hebrew Day School? Yes No If so, which one? _____

CHILD #2

First Name: _____ Middle: _____ Last Name: _____

Full Hebrew Name (Transliteration): _____

Birthdate (mo/day/yr.): _____ Age: _____ Sex: Male Female

Is child Jewish by Birth or Conversion (please attach a copy of conversion certificate)

Officiating Rabbi's Name: _____ Date of Conversion: _____

Name of Synagogue (or other location) where the conversion took place: _____

Name of Secular School: _____ Grade Level: _____

Religious school previously attended: _____

Will child attend our Nishmat Am's Religious School? Yes No

Will child attend Hebrew Day School? Yes No If so, which one? _____

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CHILDREN LIVING IN THE HOUSEHOLD OR AWAY AT SCHOOL, *CONT.*

CHILD #3

First Name: _____ Middle: _____ Last Name: _____

Full Hebrew Name (Transliteration): _____

Birthdate (mo/day/yr.): _____ Age: _____ Sex: Male Female

Is child Jewish by Birth or Conversion (please attach a copy of conversion certificate)

Officiating Rabbi's Name: _____ Date of Conversion: _____

Name of Synagogue (or other location) where the conversion took place: _____

Name of Secular School: _____ Grade Level: _____

Religious school previously attended: _____

Will child attend our Nishmat Am's Religious School? Yes No

Will child attend Hebrew Day School? Yes No If so, which one? _____

CHILD #4

First Name: _____ Middle: _____ Last Name: _____

Full Hebrew Name (Transliteration): _____

Birthdate (mo/day/yr.): _____ Age: _____ Sex: Male Female

Is child Jewish by Birth or Conversion (please attach a copy of conversion certificate)

Officiating Rabbi's Name: _____ Date of Conversion: _____

Name of Synagogue (or other location) where the conversion took place: _____

Name of Secular School: _____ Grade Level: _____

Religious school previously attended: _____

Will child attend our Nishmat Am's Religious School? Yes No

Will child attend Hebrew Day School? Yes No If so, which one? _____

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Yahrzeit Information

Please provide yahrzeit information for family members.

Name of deceased	Related to whom?	Relationship	Date of death	Died before sundown?*	Hebrew name (transliterated, e.g. "Shmuel son of Avi and Dinah")

**Note: The time of death (before or after sundown) is needed to determine the date of death on the Jewish calendar.*

Congregation Nishmat Am takes pride in its tradition of encouraging active participation in synagogue programming, organizational leadership, and synagogue ritual. Please include in this section areas of interest and synagogue skills and other pertinent information.

Areas of interest e.g. children's programs, education, social programs, fund raising.

Synagogue skills e.g. Reading Torah, Haftorah, leading services, etc

Please use this space for any additional information not asked for in this application but that you feel would be of interest to the synagogue

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Membership Billing Cycle

Our membership year is January - December. Members joining at any time other than January will receive a credit on their second annual billing for that part of the first year's membership not covered.

Membership Dues

All members are asked to submit their dues by January of each year based on the attached dues schedule. Membership dues may also be paid over an eight-month period from January through August through monthly credit card charges.

All financial obligations to the synagogue must be paid in full before High Holy Day tickets are issued. *For questions about fees or requests for special financial arrangements, please contact Stanley Siegel, executive director. All such requests will be handled in the strictest of confidence.*

Capital Fund

To finance the cost of our facility, major equipment and furnishings, a capital fund charge of \$360.00 per year for 5 years (\$1,800) is assessed.

	<u>MEMBERSHIP CATEGORIES</u>	<u>DUES</u>
1	FAMILY MEMBERSHIP Two married adults and children under the age of 22. Includes tickets for the High Holidays.	\$2,960.00
2	INDIVIDUAL MEMBERSHIP One adult and children under the age of 22. Includes tickets for the High Holy Days.	\$1,570.00
3	ASSOCIATE MEMBERSHIP An individual or family maintaining a full-family membership at another synagogue in the Dallas/Fort Worth metropolitan area. Does <i>not include tickets for the High Holy Days.</i>	\$760.00
4	STUDENT MEMBERSHIP Fulltime student enrolled in degree granting program. Includes ticket for the High Holidays	\$200.00

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Name _____

Date _____

FEES AND PAYMENT

Fees

1. Membership Dues: \$ _____

2. Capital Fund \$ 360.00

Total \$ _____

Payment

Payment in full

Check enclosed.

Credit card information below.

½ now and ½ within 4 months _____

Check enclosed.

Credit card information below.

In eight equal monthly payments

Credit card only. Use credit card information below. Charges will be taken between the 20th and the last day of each month.

Please use the following credit card information for membership payments as chosen above.

Name (as it appears on the card) _____

Visa _____

MasterCard _____

Amex _____

Discover _____

Credit Card Number _____

Expiration Date _____

I hereby authorize Congregation Nishmat Am to charge my credit card as set forth above.

Signature _____

I/we hereby apply for membership in Congregation Nishmat Am. If accepted, I/we agree to abide by and conform to its constitution and by-laws and any subsequent amendments or policies. I/we undertake to make payment in accordance with the present regulations or those which may be adopted in the future.

Signature

Date

Signature

Date