



Thank you for your interest in Shir Chadash Conservative Congregation, celebrating 50 years of Conservative Judaism in New Orleans. As a traditional egalitarian synagogue, we are committed to the idea that all Jews should be able to take full part in the beauty of Jewish life. We are a dynamic, inclusive, vibrant congregation, formed in 1999 by the union of Tikvat Shalom and Chevra Thilim. Our growing membership is infused with the *ruach* of young people, and we are excited about the continued growth in our synagogue and in the Jewish community of Greater New Orleans. Please feel free to ask any questions you might have, either about what to do or who we are. We are a community committed to learning, to supporting each other, and to being a warm and welcoming place for all who join us. Welcome to Shir Chadash, and we hope to have you as part of our family!

Please join us for family-friendly Shabbat services, every Friday night at 6:15pm and Saturday mornings at 9:45am.

For additional information on Shir Chadash visit
www.ShirChadash.org and www.Facebook.com/ShirChadash

Or email
 rabbi@shirchadash.org, **Rabbi Ethan Linden** (on Twitter @NOLARabbi)
 willsamuels@gmail.com, **Will Samuels**, Membership Vice President



Shir Chadash Conservative Congregation

3737 West Esplanade Ave N

Metairie, LA 70002

(504) 889-1144

www.shirchadash.org [facebook.com/ShirChadash](https://www.Facebook.com/ShirChadash)





**SHIR CHADASH CONSERVATIVE CONGREGATION
NEW MEMBERSHIP FORM 2011 - 2012**

3737 West Esplanade Avenue ♦ Metairie, LA 70002

Phone: 504-889-1144 ♦ Fax: 504-889-1146 ♦ shirchadash@shirchadash.org

www.shirchadash.org Facebook.com/ShirChadash

Member A:

__Mr. __Mrs. __Ms. __Miss __Dr.

Last Name: _____

First Name: _____

Nickname: _____

Birthday (mm/dd/yyyy): _____

Marital Status: __ Married __ Engaged __ Partnered
__ Single __ Widowed

Cell phone: _____

Email address: _____

Add this email address to list serve

Occupation: _____

Employer: _____

Work phone: _____

Residence Address: _____

Mailing address (if different) _____

Home phone: _____ Home fax: _____

If married/engaged, wedding date (mm/dd/yyyy): _____

Children:

	First and Last Name	M/F	Birthday	Hebrew Name	Grade	School
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____

Children's address if different from above: _____

Other information:

How did you hear about Shir Chadash Conservative Congregation?

Please share with us why you decided to join Shir Chadash Conservative Congregation:



**SHIR CHADASH CONSERVATIVE CONGREGATION
NEW MEMBERSHIP FORM 2011 - 2012**

3737 West Esplanade Avenue ♦ Metairie, LA 70002
Phone: 504-889-1144 ♦ Fax: 504-889-1146 ♦ shirchadash@shirchadash.org
www.shirchadash.org Facebook.com/ShirChadash

Are you able to chant Torah or Haftarah? Can you lead a minyan or Shabbat/Festival service? Are there any other synagogue skills you possess? _____

Please share something interesting about you (and your family). _____

If you are new to the area, where did you live previously? What brought you to the New Orleans area? _____

Ritual information

Member A:

Member B:

Hebrew Name in English:	_____	_____
Hebrew Name in Hebrew:	_____	_____
Previous Synagogue Affiliation(s):	_____	_____

Become involved!

I/We am/are interested in becoming involved with the following committees/groups.

(Please indicate **A** and/or **B** for Member A/Member B as appropriate):

- | | | |
|--|--|---|
| <input type="checkbox"/> Havurah (Study/Social Groups) | <input type="checkbox"/> Programming Committee | <input type="checkbox"/> Library |
| <input type="checkbox"/> Sisterhood | <input type="checkbox"/> House/Building Committee | <input type="checkbox"/> Green Committee |
| <input type="checkbox"/> Men's Club | <input type="checkbox"/> Fundraising Committee | <input type="checkbox"/> Caring Committee |
| <input type="checkbox"/> Ritual Committee | <input type="checkbox"/> Education/Youth Committee | <input type="checkbox"/> Membership Committee |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Music/Choir | <input type="checkbox"/> Other _____ |

As you get settled into our community, we would love to have you become involved in synagogue life. Whether you are interested in leading services, helping to create adult education or social programming or driving an elderly member to Shabbat services, there is a place for you at Shir Chadash. Please share any special skills or interests, whether covered by the above committees/groups or not, that you have that may help us to connect you with the right person to become more involved:



**SHIR CHADASH CONSERVATIVE CONGREGATION
NEW MEMBERSHIP FORM 2011 - 2012**

3737 West Esplanade Avenue ♦ Metairie, LA 70002
 Phone: 504-889-1144 ♦ Fax: 504-889-1146 ♦ shirchadash@shirchadash.org
 www.shirchadash.org Facebook.com/ShirChadash

Yahrzeit information for loved ones:

It is the custom at Shir Chadash to include, in our weekly Shabbat handout, the names of loved ones who are no longer with us on the anniversary of their passing. You will receive a letter before the Yahrzeit date of the appropriate date to light a Yahrzeit candle. Please contact the office if you wish to purchase a plaque on our Memorial Board.

Name of Deceased	Hebrew Name	Relationship and to Whom	English Date of Passing	Hebrew Date of Passing
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I/we are applying for _____ Full _____ Associate* _____ Non-Resident Membership

**If applying for Associate Membership, the applicant must be a Full Member of another New Orleans area synagogue.*

I am also a full member of the following area synagogue: _____

FOR OFFICE USE ONLY:

Date received: _____ Rabbi meeting: _____ Date approved: _____ Notification: _____

SHIR CHADASH CONSERVATIVE CONGREGATION

Membership Agreement and Dues Structure

Thank you for your interest in Shir Chadash Conservative Congregation. Our dues schedule is based on annual gross family income, not the number of family members. "Family Income" indicates the combined gross income for the family unit.

Dues are a vital source of revenue for the congregation. It is important for the financial health of Shir Chadash that you accurately select the dues category into which you fit. Please review the schedule carefully, check the correct category, sign your name in the space at the bottom, and return the completed form to the office with your membership application.

In addition to dues, there is an annual assessment for United Synagogue Dues, a pledge to the Jewish Theological Seminary and a security fee. This amount varies somewhat from year to year. For 2011-2012, the total assessment for these charges will be between \$37.75 and \$118.00, depending on your dues category, and will be included on your statement.

If you have a particular extenuating circumstance that requires adjustment to your dues structure, please contact the Executive Director to discuss a satisfactory dues level.

Annual dues invoices go out in July. Payments may be made by check, bank draft, Visa, MasterCard or American Express and may be made monthly, quarterly, semi-quarterly or annually.

We look forward to welcoming you as part of our Shir Chadash family!

Category	Annual Gross Family Income	Dues
___A	Under \$30,000	\$300
___B	\$30,001 - \$50,000	\$600
___C	\$50,001 - \$75,000	\$1,000
___D	\$75,001 - \$100,000	\$1,500
___E	\$100,001 - \$140,000	\$2,000
___F	\$140,001 - \$200,000	\$2,800
___G	Over \$200,000	\$3,800
___N	Jewish Federation Newcomers Program Participant	(Complimentary for first year)
___S	Associate Member (has full membership in another New Orleans area synagogue)	\$400



Membership Agreement

I (we) hereby apply for membership in Shir Chadash, a Conservative Congregation affiliated with the United Synagogue of Conservative Judaism, and the Jewish Theological Seminary of America. I (we) agree to comply with all of its rules and regulations including its Articles of Incorporation, By-laws and the financial obligations of membership, and understand that in so doing, I (we) will be entitled to all of the rights and privileges of a member in good standing for the membership level for which I (we) have applied.

Member A

Signed: _____ Print Name: _____ Date: _____

Member B

Signed: _____ Print Name: _____ Date: _____

This Application should be sent to the synagogue office. Please include a check for your first installment of dues. All checks should be made payable to Shir Chadash Conservative Congregation. Thank you!

Shir Chadash Conservative Congregation, 3737 West Esplanade Ave, Metairie, LA 70002
 (504) 889-1144 (ph) (504) 889-1146 (fax)
www.shirchadash.org [facebook.com/shirchadash](https://www.facebook.com/shirchadash)
shirchadash@shirchadash.org rabbi@shirchadash.org