



Har Shalom Application Form

P.O. Box 9199 Durango, CO 81303

www.harshalomdurango.org

970-375-0613

Har Shalom is your Jewish home in the Four Corners Region. Your membership dues and additional gifts make our services and programs possible. The recommended dues are 1% of income, but please give as generously as you can.

Name: _____ Dates: _____

Address: _____ Phone: _____

City, State, Zip: _____

Are you Jewish? Yes No Previous Affiliation: _____

How did you learn about Har Shalom? _____

	Adult 1	Adult 2
Full Name		
Name as you would like to be listed in roster		
Please note here if you do NOT want to be in roster		
Date of Birth (m/d/y)		
Date of marriage (m/d/y)		
Home Phone Number		
Occupation		
Employer Name		
Email Address		
Work Phone		
Are you related to any other member of Har Shalom?		
If so, whom?		
Areas of interest/expertise.		

For Interfaith Couples

To help us plan programs of interest, which partner is not Jewish? _____

Are children being raised in the Jewish faith? (circle one) Yes No

What programs would be helpful and/or of interest to you and your family? _____

Children

Name	Gender	Birthday	Grade	Religious School

Deceased Loved Ones For Our Yartzeit Records

Name of Deceased	Relationship	Yartzeit (passing date)

Your Earnings	\$20,000 annually	\$40,000 annually	\$60,000 annually	\$80,000 annually	\$100,000 annually	\$120,000 annually
Annual Dues	\$200	\$400	\$600	\$800	\$1,000	\$1,200
Monthly Dues	\$17	\$33	\$50	\$67	\$83	\$100

Membership Dues	
Cemetery Plot - \$250	
Yartzeit Leaf - \$72	
Other	
Total Dues & Contributions	

- My check for dues & contributions totaling \$ _____ is enclosed.
- Bill my credit card # _____ Expires: _____
\$ _____ only once or \$ _____ on the first of each month. CCV Number: _____
Signature: _____ (Visa or Mastercard)
- I have completed the Authorization for Automatic Bank Transfer. (enclosed)