



Congregation Ahavath Chesed
APPLICATION FOR MEMBERSHIP
 5778-5779 / 2018-2019

YOU

First Name Hebrew Name Middle / Maiden Name Last Name

Street Address City ST Zip

Occupation / Company Date of Birth (Day/Month/Year)

Email Address Cell Phone Home Phone

IMPORTANT: An active, regularly checked email is essential to our congregational communication plan. Please let us know if your email address changes.

Relationship status (circle one): Single Married Partnered Anniversary Date: ____/____/____

Have you been a member of another synagogue? You: Yes No Spouse/Partner: Yes No N/A
 If yes, what is the name and location of the synagogue? _____

Are you currently a member of another synagogue? You: Yes No Spouse/Partner: Yes No N/A
 If yes, what is the name and location of the synagogue? _____

YOUR SPOUSE/PARTNER

First Name Hebrew Name Middle / Maiden Name Last Name

Occupation / Company Date of Birth (Day/Month/Year)

Email Address Cell Phone Home Phone

YOUR CHILDREN:

Please list in order of age (oldest to youngest). Attach a separate sheet for additional children.

	1.	2.	3.	4.
First Name	_____	_____	_____	_____
Last Name	_____	_____	_____	_____
Hebrew Name	_____	_____	_____	_____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (month/day/year)	____/____/____	____/____/____	____/____/____	____/____/____
Lives at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Married?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attend(ed) religious school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Yahrzeit Honors:

Please list deceased family members you would like to honor. Attach a separate sheet for additional names.

	1.	2.	3.	4.
First Name	_____	_____	_____	_____
Last Name	_____	_____	_____	_____
Hebrew Name	_____	_____	_____	_____
Relationship to deceased	_____	_____	_____	_____
Civil Date of Death	___/___/___	___/___/___	___/___/___	___/___/___
Hebrew Date of Death	___/___/___	___/___/___	___/___/___	___/___/___

VOUNTEER:

We invite you to engage in the many volunteer opportunities The Temple has to offer. Please check any interests below that appeal to you. You may also use the space below to indicate other interests, skills, hour/days you would be available to volunteer.

- Education Fundraising Music Social Action Worship OTHER (tell us more below)

Please accept my application for membership in Congregation Ahavath Chesed.

In consideration of the pledges of others, I agree to contribute the annual membership dues and other fees as approved by the congregation.

Signature _____

Date _____

2018 – 2019 TEMPLE DUES & FEES

Membership Dues @ \$1960/year

Security Fee @ \$125/year

Please note that religious school requires a separate registration.

TOTAL DUE = _____

PAYMENT INFORMATION (FOR OFFICE USE ONLY)

Expiration Date / Security Code

Name on Card

Signature

PAYMENT PLAN (check one):

- Full Payment with application
 Half Now - Balance Due 12/31/18
 Monthly Installments – First payment due now.
Final payment due 5/31/19

Amount Paid _____ Date Received _____

Family ID# _____ Check # _____ Cash _____

Credit Card (circle one): VISA MC PayPal

Card # _____