



Congregation Ahavath Chesed

APPLICATION FOR MEMBERSHIP

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 (mo/dy/yr)	___/___/___	___/___/___	___/___/___	___/___/___
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

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	____/____/____	____/____/____	____/____/____	____/____/____

Volunteer:

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 _____

2020 – 2021 Temple Dues & Fees

Membership Dues @ \$1960/year

Security Fee @ \$150/year

TOTAL DUE = \$2,110

PAYMENT PLAN (check one):

- Full Payment with application
- Half Now - Balance Due Mid-year
- Monthly Installments – First payment due now.
Final payment due by May 31.

*Please note that religious school requires a separate registration.

PAYMENT INFORMATION

(FOR OFFICE USE ONLY)

Amount Paid: _____	Date Received: _____
Family ID# _____	Check # _____ Cash _____
Credit Card (circle one) Visa MC PayPal	
Card # _____	
Expiration Date ____/____	Security Code _____
Name on Card (Print) _____	
Signature _____	

