



Ahavath Achim Congregation Membership Application

Household Information:

Adult #1 Last Name: _____ First Name: _____ Title: _____

Preferred Name: _____ Previous Name: _____ Birthdate (DD/MM/YY): _____

Address (Street, City, State, Zip): _____

Cell Phone: _____ Home Phone: _____ Are you in the military or a veteran: _____

Email: _____ Your Hebrew Name: _____

Father's Hebrew Name: _____ Mother's Hebrew Name: _____

Please Circle: Single Engaged Married Widow/er Separated Divorced Get Date Married (DD/MM/YY): _____

Your Jewish Upbringing:

Are you a...

- Conservative
- Orthodox
- Reform
- Reconstructionist
- Secular
- Other _____

- Kohen
- Levi
- Yisrael

Previous Congregation (Name, City, State): _____

Are your debts at the previous congregation paid? _____

Have you converted? _____ Converting Rabbi: _____

Converting Synagogue (Street, City, State, Zip): _____

Adult #2 Last Name: _____ First Name: _____ Title: _____

Preferred Name: _____ Previous Name: _____ Birthdate (DD/MM/YY): _____

Cell Phone: _____ Home Phone: _____ Are you in the military or a veteran: _____

Email: _____ Your Hebrew Name: _____

Father's Hebrew Name: _____ Mother's Hebrew Name: _____

Please Circle: Single Engaged Married Widow/er Separated Divorced Get Date Married (DD/MM/YY): _____

Your Jewish Upbringing:

- Conservative
- Orthodox
- Reform
- Reconstructionist
- Secular
- Other _____

Are you a...

- Kohen
- Levi
- Yisrael

Previous Congregation (Name, City, State): _____

Are your debts at the previous congregation paid? _____

Have you converted? _____ Converting Rabbi: _____

Converting Synagogue (Street, City, State, Zip): _____

Children:

Child 1: English Name (First and Last): _____ Date of Birth (DD/MM/YY): _____

Full Hebrew Name: _____ ben/bat _____ Married? _____

Child 2: English Name (First and Last): _____ Date of Birth (DD/MM/YY): _____

Full Hebrew Name: _____ ben/bat _____ Married? _____

Child 3: English Name (First and Last): _____ Date of Birth (DD/MM/YY): _____

Full Hebrew Name: _____ ben/bat _____ Married? _____

Child 4: English Name (First and Last): _____ Date of Birth (DD/MM/YY): _____

Full Hebrew Name: _____ ben/bat _____ Married? _____

By signing this application, I/we understand and agree to the duties of membership as laid out in the synagogue constitution and bylaws. I/we request to be admitted as members of the Ahavath Achim Congregation.

Member #1:

Full Name: _____ Signature: _____ Date (DD/MM/YY): _____

Member #2:

Full Name: _____ Signature: _____ Date (DD/MM/YY): _____

FOR OFFICE USE

RABBI: _____

FINANCE: _____

BOARD: _____

(Committee Head)

(President)