

Congregation Ahavas Achim
216 South First Avenue
P.O. Bx 4242
Highland Park, J 08904

Phone 732 247 0532
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Email info@ahavasachim.org
Web www.ahavasachim.org

Founded in 1889



T"01

Dear Prospective Member,

Thank you for considering becoming a member of Congregation Ahavas Achim.

Ahavas Achim offers superb tefillah with decorum, a well run youth department, fantastic adult educational programming (including our renowned "Ahavas Achim University"), and beautifully renovated facilities. Our congregation is demographically diverse, and members treat one another with respect. Our rav, Rabbi Steven Miodownik, is approachable, innovative and energetic, and offers tremendous Rabbinic leadership.

Becoming full members of our warm and friendly shul includes paying annual dues (\$975 for couples/families, \$487.50 for singles/single heads of household) and a building maintenance fee (\$200). We also have an associate members for \$275 that is open to individuals who do not live in Highland Park or Edison or who are already full members of another synagogue in Highland Park or Edison. Ahavas Achim would not exist without its members. Membership dues cover close to half of the shul's operating costs, and building fees cover close to half of the mortgage and maintenance expenses. Becoming a member of Ahavas Achim carries many benefits. Members receive reduced pricing for High Holiday Seats, Facility Rentals, and other programs. Above all, becoming a member of Ahavas Achim will allow you to walk into the doors of this shul and know that you are the reason this shul is able to continue functioning.

It is our policy at Congregation Ahavas Achim that we do not turn anyone away because of finances. If you are interested in becoming a member of our shul but need reduced dues, please contact Rabbi Miodownik at (732) 247-0532 or rabbim@ahavasachim.org, and we will do our best to work out a suitable arrangement with you.

We would be grateful if you chose to make Ahavas Achim your shul. Attached is a membership application for your review. Please contact me with any questions regarding becoming members of Ahavas Achim, either by phone at (732) 777-2015, or via e-mail at hava.bresler@gmail.com. Thank you for your consideration.

Sincerely,

Hava Freidenreich
Vice President, Membership

The Rachel and Imre Lefkovits Synagogue
The Blanche and Irving Laurie Youth and Education Center
Home of Ahavas Achim University

Rabbi
Steven Miodownik

Rabbi Emeritus
Ronald Schwarzberg

Honorary Presidents
Alexander Bernstein, z"l
Isadore Sapiro, z"l
Albert Sapiro, z"l
Nathan Segal

President
Jeremy Renna

Vice Presidents
Jonathan Caplan, Ritual
Hava Freidenreich,
Membership
Josh Goldstein, Finance
Michael Kornfeld,
Fundraising
Joshua Ostrin, House

Secretary
Sherry Simantov

Treasurer
Avi Grin

Gabbaim
Seth Berman
Jonathan Caplan
Josh Fine
Michael Kornfeld
Barry Leskowitz
Barry Levinson
David Simen
David Stern

Honorary Gabbai
Bernard Israel

**Immediate
Past President**
Seth Berman

Board of Directors
Avi Eserner
Jennie Fine
Meir Flancbaum
David Friedman
Harry Glazer
Lisa Goldberg
Rachael Levin
Barry Levinson
Michael Meiner
Alan Novick
Shoshana Posy
Ira Rosen
Nathan Segal
Caren Srolovitz
Frank Stechel
Nina Winer
Eugene Wishnic

Sisterhood President
Elena Orgel

Youth Director
Miriam Tennenbaum



CONGREGATION AHAVAS ACHIM
 216 South First Avenue, P.O. Box 4242
 Highland Park, NJ 08904
 www.ahavasachim.org (732) 247-0532

MEMBERSHIP APPLICATION

Please print clearly

Full Membership – Married	\$975.00 dues + \$200 building maintenance fee
Full Membership – Single	\$487.50 dues + \$200 building maintenance fee
Associate Membership	\$275.00 dues
Dues Billed <i>(for office use only)</i>	

Name: _____

Home Address: _____

Home Phone Number _____

(For Associate Members) Synagogue with Full Membership _____

MEMBER/Male

Name: _____
 First Middle Last

* Hebrew Name _____ ben _____

Kohen Levi Yisroel

Cell Phone Number: _____

Occupation: _____ Business Phone Number: _____

Home E-mail: _____ Work E-mail _____

Date of Birth: _____ Date of Marriage: _____

Bar Mitzvah Parsha: _____

Father's Name – English: _____ Hebrew: _____ ben _____

Mother's Name – English: _____ Hebrew: _____ bat _____

MEMBER/Female

Name: _____
 First Middle Last

* Hebrew Name _____ bat _____

Maiden Name: _____ Cell Phone Number: _____

Occupation: _____ Business Phone Number: _____

Home E-mail: _____ Work E-mail _____

Date of Birth: _____ Date of Marriage: _____

Father's Name – English: _____ Hebrew: _____ ben _____

Mother's Name – English: _____ Hebrew: _____ bat _____

Ahavas Achim Membership Application continued

<u>CHILDREN</u> (Please list in order of birth)			
English Name	Hebrew Name*	Date of Birth	Bar Mitzvah Parsha (if applicable)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Yahrzeit Information</u>		
MEMBER/Male If either parent is deceased, please state date of death:		
Father: _____	_____	
English Month/Day/Year	Hebrew Month/Day/Year	
Mother: _____	_____	
English Month/Day/Year	Hebrew Month/Day/Year	
MEMBER/Female If either parent is deceased, please state date of death:		
Father: _____	_____	
English Month/Day/Year	Hebrew Month/Day/Year	
Mother: _____	_____	
English Month/Day/Year	Hebrew Month/Day/Year	
If you observe any other memorial anniversaries (Yahrzeits) other than those you may have listed above, please provide the following information:		
Name	Date of Death	Relationship to Deceased
_____	_____	_____
_____	_____	_____
_____	_____	_____

* Hebrew names may be written in Hebrew or in English transliteration.

If you would like to be a volunteer on one of our committees, please check as many boxes as you wish: <input type="checkbox"/> Chessed <input type="checkbox"/> Hospitality <input type="checkbox"/> Membership <input type="checkbox"/> Sisterhood <input type="checkbox"/> Youth
If you have special skills you would like to share with the shul, please check as many boxes as you wish: <input type="checkbox"/> Torah Reading <input type="checkbox"/> Lead Weekday Davening <input type="checkbox"/> Lead Shabbat Davening <input type="checkbox"/> Other _____

I/We agree to abide by all the laws, rules and regulations of the congregation. Applications must be accompanied by a minimum of 1/12 of the annul dues, unless other arrangements have been made.

Date of Application: _____ Signature of Applicant: _____