



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

### MEMBERSHIP APPLICATION

*Please print clearly*

	<b>Full Membership – Married</b>	\$1075.00 dues + \$200 building maintenance fee
	<b>Full Membership – Single</b>	\$562.50 dues + \$200 building maintenance fee
	<b>Associate Membership</b>	\$325.00 dues
	<b>Dues Billed</b> <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

**CHILDREN** (Please list in order of birth)

English Name	Hebrew Name*	Date of Birth	Bar Mitzvah Parsha (if applicable)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Yahrzeit Information**

**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:

- Chessed     Hospitality     Membership     Sisterhood     Youth

If you have special skills you would like to share with the shul, please check as many boxes as you wish:

- Torah Reading     Lead Weekday Davening     Lead Shabbat Davening     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 annual dues, unless other arrangements have been made.

Date of Application: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_