



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 + \$60 security fee
<b>Full Membership – Single</b>	\$562.50 dues + \$200 building maintenance fee + \$60 security fee
<b>Associate Membership</b>	\$325.00 dues + \$40 security fee
<b>Dues Billed (for office use only)</b>	

**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)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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: \_\_\_\_\_