Congregation Ahavath Sholom MEMBERSHIP APPLICATION

General Information

Member Name			
Home Address			· · · · · · · · · · · · · · · · · · ·
		Zip	
Home Phone	Cell/work phone		
Email			
Spouse/Partner Name			
Home Address			
City	State	Zip	
Home Phone	Cell/work phone		
Email			
Child One Name			
Birthday	Age	Grade	
Child Two Name			
Birthday	Age	Grade	
Child Three Name			
Birthday	Age	Grade	

Secondary Address Dates: Please circle: for billing winter residence Street _____ City_____ State____ Zip____ Phone_____Email____ Yahrzeit Information (so we may send timely reminders) Name of Deceased _____ Relationship to Member Secular Date deceased_____ Hebrew date deceased (if known)_____ Name of Deceased _____ Relationship to Member ______ Secular Date deceased _____ Hebrew date deceased (if known) Name of Deceased _______ Relationship to Member _____ Secular Date deceased Hebrew date deceased (if known) Name of Deceased_____ Relationship to Member _____ Secular Date deceased ______

Hebrew date deceased (if known)_____

Other information

special needs)?	skiiis, taients,
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In what aspects of the synagogue might you be interested in joining (religing Torah study, book group, general discussion groups, social events, educa programming, social action or fundraising etc)?	•
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Membership Dues (includes High Holy Day seats for members):

Individual Membership \$825 or Family Membership \$1,210

Voluntary dues at these levels: Chai \$1,800 or Double Chai \$3,600

For more information or to discuss payment options, please contact our Treasurer, Arthur Hillman, at arthurhillman54@gmail.com.

Please send this completed application to: Congregation Ahavath Sholom, P.O. Box 464 Great Barrington, MA 01230

You may send payment by using the Donate button on our website (ahavathsholom.com) or by sending us a check to the above address.