



CONGREGATION AGUDAS ACHIM ANSHEI SFARD
The Adams Street Shul

MEMBERSHIP APPLICATION FORM

Date: _____

Adult Member #1

English Name _____
Hebrew Name _____
Mother's Hebrew Name _____
Father's Hebrew Name _____
DOB (m/d/y) ____/____/____
Cohen Levi Yisrael
Tel. #s (Mobile/Home) _____/_____
E-mail address _____
Street address _____

Adult Member #2

English Name _____
Hebrew Name _____
Mother's Hebrew Name _____
Father's Hebrew Name _____
DOB (m/d/y) ____/____/____
Cohen Levi Yisrael
Tel. #s (Mobile/Home) _____/_____
E-mail address _____
City _____ State _____ Zip _____

Children

Name _____ DOB (m/d/y) ____/____/____ Gender _____
Name _____ DOB (m/d/y) ____/____/____ Gender _____
Name _____ DOB (m/d/y) ____/____/____ Gender _____
Name _____ DOB (m/d/y) ____/____/____ Gender _____

Our community runs on the energy and input of our volunteers.

Are you interested in volunteering in any of the following (please mark all that apply)?:

- Chesed* (includes week-of-birth, *shiva* meals)
- Youth Programming
- Publicity
- Tech/Website
- Events/Education Programs
- Facilities/Maintenance
- Ritual/*Tefillah*/*Leyning*
- Kiddush/Seudah Shelishit set up
- Other (please specify): _____

Yahrzeit Information

Relative's Name _____ Relationship _____ Yahrzeit Date _____
Relative's Name _____ Relationship _____ Yahrzeit Date _____
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Is any member of your family able to read *Torah* and/or lead *Davening*? If so, who: _____

Annual Dues

Individual Membership (1 adult member): \$450. Family Membership (2 adult members): \$900.

Dues for first year's membership are discounted 50%.

Please return completed form to Robin Walker, Vice President (rsw0616@gmail.com). Additionally, please send completed form and check (made out to "Adams Street Synagogue") to the P.O. Box listed below.

The ability to pay dues is never an impediment to joining our community!

If you have concerns about membership rates or wish to discuss alternate payment options, please contact Robin Walker.
All information shall remain confidential.