

Congregation Ahavas Israel
181 Van Houten Avenue, Passaic, New Jersey, 07055
Phone: 973-777-5929 Fax: 973-777-5930
Email: ahavasoffice@yahoo.com

Membership Application

Application Type: New Applicant Reinstatement Update/Change

Membership Type: Family (\$600 per year, payable at \$150 per quarter)
 Single (\$300 per year, payable at \$75 per quarter)
 Associate (\$300 per year, payable at \$75 per quarter, see below*)

Sal. (circle one): Mr. Ms. Mrs. Dr. Rabbi
 Mr. & Mrs. Rabbi & Mrs. Dr. & Mrs. Other: _____

Please Print:

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

	Applicant	Spouse (if applicable)
Full Hebrew Name		
English Name		
Email Address		
Occupation		
Employer		
Home Phone		
Work Phone		
English Birth Date		
Hebrew Birth Date		

Date of Marriage (if applicable; Hebrew and/or English): _____

Children (if applicable)

Hebrew Name	English Name	Date of Birth (Hebrew and/or English)

(use additional pages if necessary)

Previous Shul Affiliation: _____

*Associate members are expected to already have and maintain a full membership at another Orthodox shul. Please list the other shul here: _____

Please record below the Yahrzeit(s) of any family members (if applicable)

English Name of Deceased	Hebrew Name of Deceased	Date of Death (Hebrew and/or English)	Relationship

Skills/Talents

Please check all areas where you might be interested in assisting the shul:

	Applicant	Spouse		Applicant	Spouse
Administrative Tasks			Financial Management		
Art/Graphic Design			Fundraising		
Building Management			Membership		
Communication			Planning		
Community / Chesed			Social Events		
Computer Applications			Teaching		
Computer Systems			Torah Reading		
Davening (for the amud)			Youth Programs		

Other: _____

Additional Comments or Suggestions: _____

Notes:

- The Rabbi takes a personal interest in all of the members. Please feel free to call the Shul office to schedule an informal get-together.
- Payment of at least one quarter is expected with this application.
- Membership must be paid for at least the first 2 quarters to be eligible to reserve seats for the Yomim Noraim or to be eligible to vote. Family membership includes two seats, single membership includes one seat.
- Membership (and all dues obligations) will automatically renew each year on June 1 unless the shul is informed in writing. Quarterly payments are due June 1, September 1, December 1, and March 1.
- If subsidized dues or other special arrangements are required for **financial** reasons, please contact the shul president.
- All applications are subject to approval.

ALL INFORMATION CONTAINED IN THIS APPLICATION WILL BE KEPT IN CONFIDENCE AND USED ONLY FOR SHUL BUSINESS.

Signature (required on all applications)

APPLICANT _____ DATE _____

SPOUSE _____ DATE _____