

APPROVED BY RABBI: _____

DATE: _____

APPROVED BY BOARD: _____

DATE: _____

Congregation Ariel

5237 Tilly Mill Road • Dunwoody, GA 30338 • 770-390-9071

shuloffice@congarial.org www.congarial.org

Membership Application

ADULT MEMBER ONE

Last Name:		Mr. Mrs. Ms. Dr. Rabbi (circle one) First Name:		Middle Name:	
Home Address:			City:	State:	Zip:
Mailing Address (if different):			City:	State:	Zip:
Date of Birth: Month:	Day:	Year:	<input type="checkbox"/> after sunset	Home Phone:	
Cell Phone:			E-mail Address:		
Employer name:		Work Address:		Work phone:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Anniversary date:		
Hebrew Name:			<input type="checkbox"/> Kohen	<input type="checkbox"/> Levi	<input type="checkbox"/> Yisroel
Jewish Status: <input type="checkbox"/> Born Jewish <input type="checkbox"/> Converted to Judaism					
Conversion Date:		Place:		Rabbi & Affiliation:	
Bar/Bat Mitzvah: Parsha:					
Information about your father: Name: Mr., Dr., Rabbi				Hebrew Name:	
Jewish Status: <input type="checkbox"/> Born Jewish <input type="checkbox"/> Converted to Judaism <input type="checkbox"/> Not Jewish					
Conversion Date		Place:		Rabbi & Affiliation:	
Information about your mother: Name: Mrs., Dr., Rabbi				Hebrew Name:	
Jewish Status: <input type="checkbox"/> Born Jewish <input type="checkbox"/> Converted to Judaism <input type="checkbox"/> Not Jewish					
Conversion Date		Place:		Rabbi & Affiliation:	

ADULT MEMBER TWO

Last Name:		Mr. Mrs. Ms. Dr. Rabbi (circle one) First Name:		Middle Name:	
Date of Birth: Month:	Day:	Year:	<input type="checkbox"/> after sunset		
Cell Phone:			E-mail Address:		
Employer name:		Work Address:		Work Phone:	
Hebrew Name:			<input type="checkbox"/> Kohen	<input type="checkbox"/> Levi	<input type="checkbox"/> Yisroel
Jewish Status: <input type="checkbox"/> Born Jewish <input type="checkbox"/> Converted to Judaism <input type="checkbox"/> Not Jewish					
Conversion Date:		Place:		Rabbi & Affiliation:	
Bar/Bat Mitzvah: Parsha:					
Information about your father: Name: Mr., Dr., Rabbi				Hebrew Name:	
Jewish Status: <input type="checkbox"/> Born Jewish <input type="checkbox"/> Converted to Judaism <input type="checkbox"/> Not Jewish					
Conversion Date		Place:		Rabbi & Affiliation:	
Information about your mother: Name: Mrs., Dr., Rabbi				Hebrew Name:	
Jewish Status: <input type="checkbox"/> Born Jewish <input type="checkbox"/> Converted to Judaism <input type="checkbox"/> Not Jewish					
Conversion Date		Place:		Rabbi & Affiliation:	

SYNAGOGUE AFFILIATION: Former: _____ Concurrent: _____

MEMBERSHIP CATEGORY:

- Family Membership
 Family (under age 35)
 Single (under 35)
 Single (35+)
- Single Parent
 Senior (65+)
 Associate (requires concurrent synagogue affiliation)

I agree to meet all financial obligations associated with this membership. Requests for special arrangements must be discussed with the Executive Director and are subject to the approval of the appropriate committee.

Signature _____ Date _____

Complete as many pages as needed for all your DEPENDENT children

Child Number ____

<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth: Month	Day	Year	<input type="checkbox"/> After Sunset
Name: First		Middle		Last	
Hebrew Name:					<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisroel
Bar/Bat Mitzvah: Parsha:					B/M Date:
E-Mail Address:			Cell Phone:		
Jewish Status: <input type="checkbox"/> Born Jewish		<input type="checkbox"/> Converted to Judaism		<input type="checkbox"/> Not Jewish	
Conversion Date:		Place:		Rabbi & Affiliation:	
Relationship to Member 1: <input type="checkbox"/> Child <input type="checkbox"/> Step-child <input type="checkbox"/> Other			Relationship to Member 2: <input type="checkbox"/> Child <input type="checkbox"/> Step-child <input type="checkbox"/> Other		

Child Number ____

<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth: Month	Day	Year	<input type="checkbox"/> After Sunset
Name: First		Middle		Last	
Hebrew Name:					<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisroel
Bar/Bat Mitzvah: Parsha:					B/M Date:
E-Mail Address:			Cell Phone:		
Jewish Status: <input type="checkbox"/> Born Jewish		<input type="checkbox"/> Converted to Judaism		<input type="checkbox"/> Not Jewish	
Conversion Date:		Place:		Rabbi & Affiliation:	
Relationship to Member 1: <input type="checkbox"/> Child <input type="checkbox"/> Step-child <input type="checkbox"/> Other			Relationship to Member 2: <input type="checkbox"/> Child <input type="checkbox"/> Step-child <input type="checkbox"/> Other		

Child Number ____

<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth: Month	Day	Year	<input type="checkbox"/> After Sunset
Name: First		Middle		Last	
Hebrew Name:					<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisroel
Bar/Bat Mitzvah: Parsha:					B/M Date:
E-Mail Address:			Cell Phone:		
Jewish Status: <input type="checkbox"/> Born Jewish		<input type="checkbox"/> Converted to Judaism		<input type="checkbox"/> Not Jewish	
Conversion Date:		Place:		Rabbi & Affiliation:	
Relationship to Member 1: <input type="checkbox"/> Child <input type="checkbox"/> Step-child <input type="checkbox"/> Other			Relationship to Member 2: <input type="checkbox"/> Child <input type="checkbox"/> Step-child <input type="checkbox"/> Other		

Child Number ____

<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth: Month	Day	Year	<input type="checkbox"/> After Sunset
Name: First		Middle		Last	
Hebrew Name:					<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisroel
Bar/Bat Mitzvah: Parsha:					B/M Date:
E-Mail Address:			Cell Phone:		
Jewish Status: <input type="checkbox"/> Born Jewish		<input type="checkbox"/> Converted to Judaism		<input type="checkbox"/> Not Jewish	
Conversion Date:		Place:		Rabbi & Affiliation:	
Relationship to Member 1: <input type="checkbox"/> Child <input type="checkbox"/> Step-child <input type="checkbox"/> Other			Relationship to Member 2: <input type="checkbox"/> Child <input type="checkbox"/> Step-child <input type="checkbox"/> Other		

Complete for all Yahrzeit reminder notices

Yahrzeit Reminders

Deceased Name: First			Middle			Last		
Hebrew Name:						<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisroel		
Yahrzeit: English Date: Month			Day			Year		
						<input type="checkbox"/> After Sunset		
or Hebrew Date: Day						Month		
Observed by: <input type="checkbox"/> Family			<input type="checkbox"/> Member 1			<input type="checkbox"/> Member 2		
Relationship:								
Deceased Name: First			Middle			Last		
Hebrew Name:						<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisroel		
Yahrzeit: English Date: Month			Day			Year		
						<input type="checkbox"/> After Sunset		
or Hebrew Date: Day						Month		
Observed by: <input type="checkbox"/> Family			<input type="checkbox"/> Member 1			<input type="checkbox"/> Member 2		
Relationship:								
Deceased Name: First			Middle			Last		
Hebrew Name:						<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisroel		
Yahrzeit: English Date: Month			Day			Year		
						<input type="checkbox"/> After Sunset		
or Hebrew Date: Day						Month		
Observed by: <input type="checkbox"/> Family			<input type="checkbox"/> Member 1			<input type="checkbox"/> Member 2		
Relationship:								
Deceased Name: First			Middle			Last		
Hebrew Name:						<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisroel		
Yahrzeit: English Date: Month			Day			Year		
						<input type="checkbox"/> After Sunset		
or Hebrew Date: Day						Month		
Observed by: <input type="checkbox"/> Family			<input type="checkbox"/> Member 1			<input type="checkbox"/> Member 2		
Relationship:								
Deceased Name: First			Middle			Last		
Hebrew Name:						<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisroel		
Yahrzeit: English Date: Month			Day			Year		
						<input type="checkbox"/> After Sunset		
or Hebrew Date: Day						Month		
Observed by: <input type="checkbox"/> Family			<input type="checkbox"/> Member 1			<input type="checkbox"/> Member 2		
Relationship:								
Deceased Name: First			Middle			Last		
Hebrew Name:						<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisroel		
Yahrzeit: English Date: Month			Day			Year		
						<input type="checkbox"/> After Sunset		
or Hebrew Date: Day						Month		
Observed by: <input type="checkbox"/> Family			<input type="checkbox"/> Member 1			<input type="checkbox"/> Member 2		
Relationship:								