



THE CHATHAM SYNAGOGUE

NETIVOT TORAH

MEMBERSHIP APPLICATION

Please fill out the information below, attach a check made payable to The Chatham Synagogue and mail to The Chatham Synagogue at PO Box 51 Chatham, NY 12037. Thank you.

FAMILY INFORMATION

APPLICANT

Last Name:		First name:		Email:	
Occupation:	Are You Jewish? Yes <input type="checkbox"/>	Primary Phone:	Alternate Phone:		
No <input type="checkbox"/>					

CO-APPLICANT

Last Name:		First name:		Email:	
Occupation:	Are You Jewish? Yes <input type="checkbox"/>	Primary Phone:	Alternate Phone:		
No <input type="checkbox"/>					

CHILDREN (Under the age of 21)

Last Name:	First Name:	Birthdate:	Female <input type="checkbox"/>	Male <input type="checkbox"/>
Last Name:	First Name:	Birthdate:	Female <input type="checkbox"/>	Male <input type="checkbox"/>
Last Name:	First Name:	Birthdate:	Female <input type="checkbox"/>	Male <input type="checkbox"/>

ADDRESS

Mailing (listed in TCS Directory): Street or PO Box:		
City:	State:	Zip Code:
Secondary Address; Street or PO Box:		
City:	State:	Zip Code:

INTERESTS

We are a volunteer organization and rely on our members to contribute their talents and time to the life of the synagogue and our community. This also enables us to keep our membership dues affordable. We encourage your participation in one or more of the following committees. Please indicate your interests by checking as many as you like.

Building <input type="checkbox"/>	Communications <input type="checkbox"/>	Interfaith Activities <input type="checkbox"/>	Programs <input type="checkbox"/>
Cemetery <input type="checkbox"/>	Development <input type="checkbox"/>	Ritual <input type="checkbox"/>	Chesed <input type="checkbox"/>
Finance <input type="checkbox"/>	Membership <input type="checkbox"/>	Social Action <input type="checkbox"/>	Other: <input type="checkbox"/> _____

AGREEMENT

The undersigned hereby applies for membership in The Chatham Synagogue/Netivot Torah, and certifies that the information given is true.

Type of Membership

- Family Membership \$600/Year
 Individual Membership \$375/Year

Check enclosed for \$ _____

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____