

Congregation Ahavas Israel
181 Van Houten Avenue, Passaic, New Jersey, 07055
Phone: 973-777-5929 Fax: 973-777-5930
Email: office@ahavasisrael.org

Membership Information Form

Application Type: ☐ New Applicant ☐ Reinstatement ☐ Update/Change

Membership Type: ☐ Family (\$900 per year, payable at \$225 per quarter)
 ☐ Single (\$450 per year, payable at \$112.50 per quarter)
 ☐ Associate (\$450 per year, payable at \$112.50 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 (include Father's 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) MM /DD /YYYY	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. The resignation will be effective on the date of receipt of the letter in the office. All balances are still due or an arrangement must be made with the President or Treasurer of the Ahavas Israel.
- 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 _____