

Rabbi - Rabbi Elon Soniker

Rabbi Emeritus – Rabbi Yehuda Pearl

**Anshei Shalom Executive Board**

President – Avi Meir

1st Vice President – Michael Lowenthal

2nd Vice President – Adam Goldschmeidt

3rd Vice President – Adam Kalter

Treasurer – Jason Grunfeld

Secretary – Justin Wertman

Assoc. Vice Presidents: – Andrew Scheer

Assoc. Vice President – Binyamin Rosenstock

Assoc. Vice President – Mitch Orlofsky

Assoc. Vice President – Esther Friedman

Assoc. Vice President – Sara Mark

Assoc. Vice President – Michael Masri

Assoc. Vice President – Aliza Porat

 **MEMBERSHIP APPLICATION FORM**

1. Return form by email to officemanager@anshei.org or by mail with check enclosed to: **Congregation Anshei Shalom P.O. Box 410 West Hempstead, NY 11552**
2. **Membership dues:**
* **New West Hempstead residents dues: only $360 (Family) or $180 (Single) for your first year.**
* **Regular Membership dues: $1100\* (Family) or $525\*\* (Single)**

 **\*** $1050 if paid in full by December 31st **\*\*** $500 if paid in full by

 December 31st

* **Sisterhood dues are an additional $18.00 annually.**
* Payment can be made online at [www.anshei.org/pay](file:///C%3A%5CUsers%5CAnshei%20Office%5CDropbox%5Cwww.anshei.org%5Cpayment.php) or mailed to Anshei Shalom at the address listed above.
1. **Building Fund**: $2,500 - can be paid in full upon joining or paid at the rate of $500 per year for five years.

Date: \_\_\_\_ /\_\_\_\_ /\_\_\_\_\_\_

**Family Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Adult(s):** 1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mr. Mrs. Dr. 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mr. Mrs. Dr.

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone**: Home (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_ **Do not** **register me for the WH**

 **Jewish Community Emergency & Shiva calls**

 Cell 1) (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_ Cell 2) (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_

**E-mail:** 1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name & location of previous Rabbi:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wedding Anniversary Date (optional): \_\_\_ /\_\_\_ /\_\_\_\_\_\_

**List all family members’ names (English & Hebrew) and birthdates:**

 English Name Hebrew Name Birthdate

 **(Include Father’s Name)**

1. \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ /\_\_\_ /\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ /\_\_\_ /\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ /\_\_\_ /\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ /\_\_\_ /\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ /\_\_\_ /\_\_\_\_\_\_

**Yahrzeits (if any) (please list additional on the back):** English

 English Name (First & Last) Hebrew Name Relationship Yahrzeit Date

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_ /\_\_\_ /\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_ /\_\_\_ /\_\_\_\_\_