

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 Members Dues [Full and Single]:
 - 1st Year: 75% discount of the applicable rate
 - 2nd Year: 50% discount of the applicable rate
 - 3rd Year: 25% discount of the applicable rate
 - Regular Membership dues: \$1525* (Family) or \$762.50* (Single)
 - * \$1475 (FAMILY) or ** \$737.50 (SINGLE) 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 or mailed to Anshei Shalom at the address listed above.
- 3. **Building Fund:** \$2,500 can be paid in full upon joining or paid at the rate of \$500 per year for five years.
- 4. Security Assessment \$150.00 per year

Family Name:		Date://
Adult(s): 1)	Mr. Mrs. Dr. 2)	Mr. Mrs. Dr.
Address:		
Tribe: Kohen	ı LeviYisroel	
Telephone: Home ()	gister me for the WH mmunity Emergency & Shiva calls
Cell 1) (Cell 2) ()	
E-mail: 1)	2)	
Name & location of pre	evious Rabbi:	
-	(English & Hebrew) and birthdat Hebrew Name (Include Father's Name)	es (list additional on back): Birthdate
1)		/ /
-		
- /		///
3)		/
2)		//



Weddin	g Anniversary Date:/_	/		
Yahrzei	ts (if any) (please list addit	ional on the back):		
_				<u>English</u>
	nglish Name (First & Last)		•	
1				//
2.				//
3				///
Are you	interested in joining our	Sephardic Minyan? (Y/N)		
Please o	check all groups, voluntee	committees or activities	that interest you:	
	☐ Sisterhood ☐ Brot	herhood	mittee □Youth Comr	nittee
	☐ Men's Book Club ☐	Welcoming Committee	☐Dinner Committee	
	\square CSS \square Kiddush Com	nmittee	n □ Events Committ	ee
What, if	any, portions of the dave	ning service would you b	e willing to lead?	
Would y	you be willing to read Tora	th or Haftorah for the Shi	ul? Any specific Parsh	a?
Anythin	ng else you'd like us to kno	w about you or your fam	ily members? Interes	ts? Talents? Occupation?