**MEMBERSHIP APPLICATION FORM**

1. Return form by email to [officemanager@anshei.org](mailto: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: $360 (Family) or $180 (Single) for first year**
* **Regular Membership dues: $1475\* (Family) or $737.50\* (Single)**

**\*** $1325 (FAMILY) or **\*\*** $662.50 (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](about:blank) 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.
2. **Security Assessment** - $100.00 per year

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

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

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

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

**Tribe:** \_\_\_\_ Kohen \_\_\_\_\_\_ Levi \_\_\_\_\_Yisroel

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

**List all family members’ names (English & Hebrew) and birthdates (list additional on back):**

English Name Hebrew Name Birthdate

**(Include Father’s Name)**

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

**MEMBERSHIP APPLICATION**

**OPTIONAL SECTION**

**Wedding Anniversary Date**: \_\_\_ /\_\_\_ /\_\_\_\_\_\_

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

English

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

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

**Are you interested in joining our Sephardic Minyan? (Y/N)**

**Please check all groups, volunteer committees or activities that interest you:**

Sisterhood Brotherhood Chessed Committee Youth Committee

Men’s Book Club Welcoming Committee Dinner Committee

CSS Kiddush Committee Adult Education Events Committee

**What, if any, portions of the davening service would you be willing to lead?**

**Would you be willing to read Torah or Haftorah for the Shul? Any specific Parsha?**

**Anything else you’d like us to know about you or your family members? Interests? Talents? Occupation?**