



CONGREGATION AGUDAS ACHIM ANSHEI SFARD
The Adams Street Shul

MEMBERSHIP APPLICATION FORM

Please complete this form and return to Office@AdamsStreet.org

Adult Member #1

English Name _____
Hebrew Name _____
Mother's Hebrew Name _____
Father's Hebrew Name _____
DOB ____/____/____
Cohen Levi Yisrael
Tel. #s (Mobile/Home) _____/_____
E-mail address _____
Street address _____

Adult Member #2

English Name _____
Hebrew Name _____
Mother's Hebrew Name _____
Father's Hebrew Name _____
DOB ____/____/____
Cohen Levi Yisrael
Tel. #s (Mobile/Home) _____/_____
E-mail address _____
City _____ State _____ Zip _____

Children

Name _____ DOB ____/____/____ Gender _____
Name _____ DOB ____/____/____ Gender _____
Name _____ DOB ____/____/____ Gender _____
Name _____ DOB ____/____/____ Gender _____
Name _____ DOB ____/____/____ Gender _____

Our community runs on the energy and input of our volunteers.

Are you interested in volunteering in any of the following (please mark all that apply):

- Chesed* (includes week-of-birth, *shiva* meals) Children/Youth Programming Publicity Tech/Website
- Events/Education Programs Facilities/Maintenance Membership Ritual and *Tefillah*
- Kiddush/Seudah Shelishit set up Other (Please specify): _____

Is any member of your family interested in reading *Torah* / leading *Davening*? If so, who: _____

Annual Dues

Individual Membership Dues (1 adult member): \$450. Family Membership Dues (2 adult members): \$900.

Dues for first year's membership are discounted 50%.

The ability to pay dues is never an impediment to joining our community!

If you have concerns about membership rates or wish to discuss alternate payment options, please contact our Treasurer.

All information shall remain confidential.