



AHAVAS TORAH
 THE SCOTTSDALE TORAH CENTER
 להרבות כבוד שמים

13402 N Scottsdale Rd. · #B140-150 · Scottsdale, AZ 85254 · Phone: 480.467.4593 · Email: office@ahavastorah.org

Please complete all applicable information and return to the shul by mail or email as soon as possible.

_____	_____	_____
Last Name	First Name	Hebrew Name (including both Father and Mother)
_____	_____	My father is/was a ...
Cell Phone	Email Address	<input type="checkbox"/> Cohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisrael

Spouse's Information (if applicable)

_____	_____	_____
Last Name	First Name	Hebrew Name (including both Father and Mother)
_____	_____	My father is/was a ...
Cell Phone	Email Address	<input type="checkbox"/> Cohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisrael

_____	_____	_____	_____	_____
Home Address	City	State	Zip Code	Home Phone Number
_____	_____	_____	_____	_____
Alternate Home Address	City	State	Zip Code	Alternate Home Phone

Please list the names and birthdates of your children:

Name	Hebrew Name	Birth Date	Hebrew Birth Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any Yahrzeits that you have:

Name	Hebrew Name	Relationship to Whom	Date of Passing (Hebrew & English)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Membership Commitment 5780

September 1, 2019 - August 31, 2020

Please select a membership category from below:

- Partnership Gift / High Holiday Sponsorship (please contact Rabbi Shoshan)
- Membership* - \$750 on or before July 1st, 2019 / \$850 if after July 1st
- Newly-Married Membership (free for first year after marriage)

**No one is turned away because of financial difficulties. If the membership amount is not feasible at this time, please contact Rabbi Shoshan or Rabbi Muroff to discuss an alternative contribution amount.*

PAYMENT INFORMATION

I/we will pay my/our membership commitment:

- In one payment
- In equal monthly payments, beginning in the month of _____, through August, 2020
- Other: _____

I/we will pay my/our membership commitment by: Check Credit Card (enter info below)

CREDIT CARD INFORMATION

Card Type: Visa Mastercard American Express

Name (as it appears on the card)

Credit Card Number

Expiration

Security Code

High Holidays 5780

ROSH HASHANAH / YOM KIPPUR SEATING

For Immediate Family Members: Seats are included with yearly membership for your immediate family members living at home (or children away for yeshiva/seminary/undergraduate education).

Please write the number of seats you will need for the following:

ROSH HASHANAH

Men: ____ seat(s)

Women: ____ seat(s)

Children in Youth Program*

Boys / Girls 0-2: ____

Boys / Girls 3-6: ____

Girls 7-10: ____

Boys 7-10: ____

YOM KIPPUR

Men: ____ seat(s)

Women: ____ seat(s)

Children in Youth Program*

Boys / Girls 0-2: ____

Boys / Girls 3-6: ____

Girls 7-10: ____

Boys 7-10: ____

Please bring your own diapers, wipes, food for infants, and any other special items your child may need. Snacks and drinks will be provided.

For Guests: Guest Fees are \$150 per guest, which includes attendance at both Rosh Hashanah and Yom Kippur services.

ROSH HASHANAH

Men: ____ seat(s)

Women: ____ seat(s)

YOM KIPPUR

Men: ____ seat(s)

Women: ____ seat(s)

Payment for Guests: By Check By Credit Card (enter information on page 2)

Yahrzeit Plaque Dedication

It is a most fitting way to honor family members who have passed away by creating a permanent memorial for them on the walls of our shul. Monies collected for bronze memorial plaques are used to expand Torah learning as a merit for the memories of our loved ones through the purchase of Hebrew Seforim and English Torah books. The cost of each individual permanent plaque is \$400.

Name to be Memorialized:

English Name (as it will appear on the plaque): _____

Hebrew Name in Full (Name and Father's Name): _____

Please choose one: Cohen Levi Yisrael

English Date of Death: _____ Before Sundown After Sundown

Hebrew Date of Death (if known): _____

The deceased relationship to whom: _____

Payment: By Check By Credit Card (enter information on page 2)