



AHAVAS TORAH

THE SCOTTSDALE TORAH CENTER

להרבות כבוד שמים

13402 N Scottsdale Road #B140-150 · Scottsdale, Arizona 85254

Phone: 480-467-4593 · Email: office@ahavastorah.org

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

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

Spouse's Information (if applicable)

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

| | | | | |
|------------------------|-------|-------|----------|----------------------|
| _____ | _____ | _____ | _____ | _____ |
| Home Address | City | State | Zip Code | Home Phone Number |
| _____ | _____ | _____ | _____ | _____ |
| Alternate Home Address | City | State | Zip Code | Alt. Home Phone Num. |

Please list the names and birthdates of your children:

| Name | Hebrew Name | Birthdate |
|-------|-------------|-----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please list any Yahrzeits that you have:

| Name | Hebrew Name | Relationship to Whom | Date of Passing (Hebrew and English) |
|-------|-------------|----------------------|--------------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Membership Commitment 5779

September 1, 2018 – August 31, 2019

Please select a membership category from below:

- Partnership Gift / High Holiday Sponsorship (*please contact Rabbi Shoshan*)
- Membership- \$750*
- 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 Marty Mollen to discuss an alternative contribution amount.

PAYMENT INFORMATION

I/we will pay my/our membership commitment: In one payment (September 2018)
 In equal monthly payments (Sept. 2018 - Aug. 2019)
 Other _____

I/we will pay my/our membership commitment: By check By credit card (enter information 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 5779

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). **Associate Members are assumed to be davening at their primary shul for Yom Tov, and do not receive High Holiday Seats.**

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 previous page)

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's relationship to whom: _____

Payment: By check By credit card (enter information on page 2)