

Agudas Achim Congregation
2908 Valley Drive
Alexandria, Virginia 22302
(703) 998-6460

Name _____
Last First Middle
 Hebrew name _____ (pls transliterate)
 Check one: KOHEN LEVI ISRAELITE
 Father's Hebrew Name _____
 Mother's Hebrew Name _____
 Address _____

 Home Phone _____
 Occupation _____
 Business phone _____
 Email address _____
 Cell phone _____
 Fax _____
 Date of Birth _____

Marital Status:
 SINGLE DIVORCED WIDOWED
 MARRIED (date) _____
 Spouse's Name _____
Last First Middle
 Hebrew name _____
 Check one: KOHEN LEVI ISRAELITE NOT JEWISH
 Father's Hebrew Name _____
 Mother's Hebrew Name _____
 Occupation _____
 Business Phone _____
 Email address _____
 Cell Phone _____
 Date of Birth _____

CHILDREN

Name (English/Hebrew)	Birth date	School/Grade	Bar/Bat Mitzvah Date

MEMORIAL RECORD

Relationship	English Date	Hebrew Date

Previous Synagogue Affiliation(s) _____

Family Members Who Are Not Jewish _____

Please note: The Conservative Movement defines as Jewish a person born of a Jewish mother or converted according to Jewish law.

I have received a copy of the dues and other assessments associated with membership in the Congregation. A deposit of \$ _____ accompanies this application. I understand that obligations and expenditures are incurred by the Congregation based upon my pledges and the pledges of others, and I agree on behalf of myself and successors to pay any pledges made during the term of my membership in the Congregation.

DATE _____ APPLICANT'S SIGNATURE _____

MEMBERSHIP CATEGORY: _____