

Membership Application



Please complete the following membership application to join the congregation. Mail or deliver your application, along with your membership deposit, to Agudas Achim Congregation, 2908 Valley Drive, Alexandria, VA 22302. Questions? Please call the office, 703-998-6460.

MEMBER INFORMATION

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 _____

Date of Birth _____

Marital Status: SINGLE DIVORCED WIDOWED MARRIED

CHILDREN

Name (English/Hebrew) _____

Birth Date _____

School/Grade _____

Bar/Bat Mitzvah Date _____

Name (English/Hebrew) _____

Birth Date _____

School/Grade _____

Bar/Bat Mitzvah Date _____

Name (English/Hebrew) _____

Birth Date _____

School/Grade _____

Bar/Bat Mitzvah Date _____

Name (English/Hebrew) _____

Birth Date _____

School/Grade _____

Bar/Bat Mitzvah Date _____

I have received a copy of the dues and 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.

Membership Category _____

Applicant's Signature _____ Date _____

SPOUSE INFORMATION

Spouse 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 _____

Date of Birth _____

(wedding date, if applicable) _____

MEMORIAL RECORD

Relationship/Name _____

English Date _____

Hebrew Date _____

Relationship/Name _____

English Date _____

Hebrew Date _____

Relationship/Name _____

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.