

**Agudath Israel of Baltimore
6200 Park Heights Ave.
Baltimore, MD 21215**

Membership Application

Date _____
 Name _____ Title _____
 Spouse's name _____ Title _____
 Address _____
 Home phone _____ Cell Phone _____

Email Addresses	Add to Agudah Dist. List?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Hebrew names (please write clearly):

Yourself _____ בן _____
 Your father _____ בן _____
 Your mother _____ בת _____
 Spouse _____ בת _____
 Spouse's father _____ בן _____
 Spouse's mother _____ בת _____

Children:

Hebrew Name	Age

Hebrew Name	Age

Yahrts:

Name	Relationship	Hebrew Date

Membership Level: Full Sustaining (excl. RH/YK) Other _____

Billing choice: Quarterly Annually

Agudah policy: Standard dues are \$460 for full membership and \$280 for sustaining membership. Adjustments are made where necessary. All applications are subject to approval by the Rav and the Agudah Board.

Annual dues: \$460 \$280 Other _____

Submitted: Date _____ by _____

Approved: Yes No by _____

Treasurer: Begin on date _____ Rate _____ Schedule _____

Record distributions completed: Rav President Treasurer Gabbai Secretary

Identify this copy: Original Rav President Treasurer Gabbai Secretary