

# Congregation Ahavath Sholom

## MEMBERSHIP APPLICATION

### General Information

**Member Name** \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/work phone \_\_\_\_\_

Email \_\_\_\_\_

### **Spouse/Partner**

**Name** \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/work phone \_\_\_\_\_

Email \_\_\_\_\_

**Child One Name** \_\_\_\_\_

Birth day \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

**Child Two Name** \_\_\_\_\_

Birth day \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

**Child Three Name** \_\_\_\_\_

Birth day \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

**Secondary Address**    Dates:

Please circle :    for billing            winter residence

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Yahrzeit Information (so we may send timely reminders)**

Name of Deceased \_\_\_\_\_

Relationship to Member \_\_\_\_\_

Secular Date deceased \_\_\_\_\_

Hebrew date deceased (if known) \_\_\_\_\_

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Relationship to Member \_\_\_\_\_

Secular Date deceased \_\_\_\_\_

Hebrew date deceased (if known) \_\_\_\_\_

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Relationship to Member \_\_\_\_\_

Secular Date deceased \_\_\_\_\_

Hebrew date deceased (if known) \_\_\_\_\_

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Relationship to Member \_\_\_\_\_

Secular Date deceased \_\_\_\_\_

Hebrew date deceased (if known) \_\_\_\_\_

**Other information**

Is there information about yourself or your family you would like to share (skills, talents, special needs)?

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In what aspects of the synagogue might you be interested in joining (religious services, Torah study, book group, general discussion groups, social events, educational programming, social action or fundraising etc)?

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**Membership Dues** (includes High Holy Day seats for members):

Individual Membership \$750 or Family Membership \$1,100

OR

Voluntary dues at these levels: Chai \$1,800 or Double Chai \$3,600

For more information or to discuss payment options, please contact CAS Executive Committee member, Linda Josephs at [ljosephs23@outlook.com](mailto:ljosephs23@outlook.com).

Please send this completed application with a check made out to:  
Congregation Ahavath Sholom, P.O. Box 464 Great Barrington, MA 01230