Congregation Ahavath Sholom

MEMBERSHIP APPLICATION

Member Name_____

Mailing Address_____

City_____ State_____ Zip_____

Home Phone_____ Cell/work phone_____

Email_____

Membership Category ____Individual ____Family

Spouse/Partner
Name_____

Home Address_____

City_____ State_____ Zip_____

Home Phone_____ Cell/work phone_____

Email_____

Secondary Address

Please circle : ____for billing ____winter residence

Street_____

City_____ State_____ Zip_____

Phone_____Email_____

Children

1 _____ Age____

2 _____ Age____

3 _____ Age____

Yahrzeit Information (so we may send timely reminders)

Name of Deceased_____

Relationship to Member _____

Secular Date deceased_____

Hebrew date deceased (if known)_____

Name of Deceased_____

Relationship to Member _____

Secular Date deceased_____

Hebrew date deceased (if known)_____

Name of Deceased_____

Relationship to Member _____

Secular Date deceased_____

Hebrew date deceased (if known)_____

Name of Deceased_____

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)?

_____

_____

_____

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)?

_____

_____

Membership Dues

Individual Membership $1,000 or Family Membership $1,500
OR
Voluntary dues at these levels: Chai $1,800 or Double Chai $3,600

For more information or to discuss payment options, please contact our Treasurer, Arthur Hillman, at arthurhillman54@gmail.com

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

You may send payment by using the Donate button on our website (ahavathsholom.com) or by sending us a check to the above address.