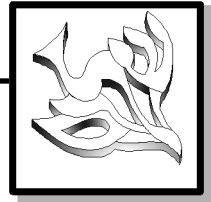


Congregation Ahavath Sholom



4050 S. Hulen Street · Fort Worth, Texas · 76109
 (817) 731.4721 · Fax (817) 731.4724
 Website: www.ahavathsholom.org

MEMBERSHIP APPLICATION

The goal of Congregation Ahavath Sholom is to meet the needs of our members. The information you provide in this application will be used in defining and meeting those needs.

DATE: _____

APPLICANT

**APPLICANT - Spouse/
Partner**

PERSONAL INFORMATION		
Full English Name(s)		
Full Hebrew Name(s) (Transliteration and Hebrew)		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married (Date) _____ <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other	
Home Address	Street	City, Zip + 4
Home Phone	() May we add your phone to our broadcast call list? Yes No	() May we add your phone to our broadcast call list? Yes No
Car Phone/Cellular	()	()
Date of Birth (Age)	()	()
Email Address	May we add your email to our broadcast email list? Yes No	May we add your email to our broadcast email list? Yes No
Place of Birth		
Mother's Full English Name and Hebrew Name (Hebrew transliteration)		
Father's Full English Name and Hebrew Name (Hebrew transliteration)		
Former Resident of which City?		
Education: Indicate Highest Degree Completed		
Relatives or Friends Who are Members at Ahavath Sholom		

APPLICANT

APPLICANT

BUSINESS INFORMATION		
Employer		
Address (Include Zip +)		
Phone		
Type of Business		
Title/Your Job Function		
Business fax		

Religious Background Are you Jewish by Birth or Conversion?		
Date Of Conversion		
Religious Tradition In Which you Were Raised?	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Other _____	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Other _____
Indicate If YOU Are:	<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Israelite	<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Israelite
Congregation(s) of Previous Affiliation		
Can You Read Torah?		
Can You Chant Haftorah?		
Can You Lead a Service?	<input type="checkbox"/> Yes If Yes, Which One(s)? <input type="checkbox"/> No	<input type="checkbox"/> Yes If Yes, Which One(s)? <input type="checkbox"/> No

Yahrzeit Information: (Information will be recorded and reminders will be mailed annually)

Name	Family Relationship	Date of Death	Hebrew Date of Death

CHILD #1

CHILD #2

CHILD #3

CHILD #4

CHILD'S INFORMATION	CHILD #1	CHILD #2	CHILD #3	CHILD #4
First Name				
Middle Name				
Last Name				
Full Hebrew Name (Transliteration)				
Birth date (Age)	()	()	()	()
Is child Jewish by Birth or Conversion?				
Date of Conversion				
Converted by Which Syngogue/ Rabbi				

CHILD UNDER 18	CHILD #1	CHILD #2	CHILD #3	CHILD #4
Name of Secular School				
Religious School(s) Previously Attended				
Will Child attend our Religious School?				

ADULT CHILD	CHILD #1	CHILD #2	CHILD #3	CHILD #4
Marital Status				
If Married, Name of Spouse				

CEMETERY INFORMATION

Do you own a plot? No Yes If so, where?

Would you like to receive information about acquiring a burial space at Congregation Ahavath Sholom's Cemetery?

Yes No

COMMENTS OR SUGGESTIONS

FINANCIAL INFORMATION

Dues Structure: Our Congregation employs a minimum dues contribution but depends upon and encourages a voluntary fair share program. We have never and will never turn anyone away due to financial needs. Our Dues Variance Committee will be happy to work with you should it be necessary.

\$2,000 Minimum family membership \$1,500 Single Family Membership	\$5,000 Silver Pillar membership contribution Four tickets to shul sponsored events Four reserved seats for High Holidays
\$1,100 Single membership (over age 30)	\$7,500 Gold Pillar membership contribution Six tickets to shul sponsored events Six reserved seats for High Holidays
\$1,000 Associate Membership (must be a current member paying full dues at synagogue and/or temple)	\$10,000 Platinum Pillar contribution Eight tickets to shul sponsored events Eight reserved seats for High Holidays

BUILDING FUND: The Congregation has a **required** minimum building fund pledge of \$1,000 that may be paid out in 1 to 4 year installments. Other financial arrangements may be made through the Dues Variance Committee.

OTHER ENDOWMENTS: There are a number of classrooms and religious items in the synagogue which can be endowed in honor or in memory of loved ones. In addition, a Perpetual Endowment Fund has been established to provide continued support of our Religious School.

Annual Dues

I (we) agree duly to observe the provisions of the Constitution and By-Laws of Congregation Ahavath Sholom, as they may be amended from time to time, and pledge to pay the sum of \$_____ per annum as dues to support my (our) membership in the congregation. Dues amounts are subject to adjustment and may be amended.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Payment enclosed \$_____

Congregation Ahavath Sholom Building Fund Pledge

In order to preserve our synagogue, I (we) pledge to the Congregation Ahavath Sholom Building Fund the minimum sum of \$_____, to be paid in full with this application, or annually over a period not longer than four years. () _____ in full () _____ installments

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____