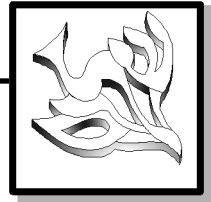


Congregation Ahavath Sholom



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.

| | |
|---|---|
| \$2,200 Minimum family membership \$1,650 Single Family Membership | \$5,000 Silver Pillar membership contribution Four tickets to shul sponsored events Four reserved seats for High Holidays |
| \$1,210 Single membership (over age 30) | \$7,500 Gold Pillar membership contribution Six tickets to shul sponsored events Six reserved seats for High Holidays |
| \$1,100 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: _____