

# 2009

FAMILY DUES	\$900.00
SINGLE PERSON	\$650.00
ASSOCIATE DUES (for those residing outside of the area)	\$250.00
STUDENT DUES	\$250.00

Dear Friend,

So that we may best serve you and your interests, as well as others in our Congregation and community, please return this form for membership. Thank you.

I hereby make application for membership in Congregation Talmud Torah Adereth El, an affiliate of the Union of Orthodox Jewish Congregations of America. If elected to membership, I hereby agree to abide by the laws of the Congregation, and such other rules and regulations for the government of same that may be adopted.

Signature\_\_\_\_\_ Date of Application\_\_\_\_\_

Membership Type\_\_\_\_\_(Family, Single, Associate or Student)

Name\_\_\_\_\_

Spouse's Name\_\_\_\_\_ Anniversary\_\_\_\_\_

Address\_\_\_\_\_ Apt. #\_\_\_\_\_

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

Phone (H)\_\_\_\_\_ (B)\_\_\_\_\_ (C)\_\_\_\_\_

Fax\_\_\_\_\_ E-Mail\_\_\_\_\_

Occupation\_\_\_\_\_

Firm or Org. Name\_\_\_\_\_

Address\_\_\_\_\_

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

Spouse's Occupation\_\_\_\_\_

Firm or Org. Name\_\_\_\_\_

Applicants Hebrew Name\_\_\_\_\_ Spouse's Hebrew Name\_\_\_\_\_

Are you a Kohen\_\_\_\_\_ Levi\_\_\_\_\_ Yisroel\_\_\_\_\_

Can you chant the Haftorah?\_\_\_\_\_ Can be a Ba'al Tefilah?\_\_\_\_\_

Applicant's Father's Hebrew Name\_\_\_\_\_

Mother's Hebrew Name\_\_\_\_\_

Spouse's Father's Hebrew Name\_\_\_\_\_

Mother's Hebrew Name\_\_\_\_\_

Children residing in your domicile:

English Name

Hebrew Name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What areas of the Shul do you see yourself getting involved?

Leading Services\_\_\_\_\_

Volunteering in office\_\_\_\_\_

Reading the Torah\_\_\_\_\_

Bikur Cholim/Visiting the Sick\_\_\_\_\_

Learning Programs\_\_\_\_\_

Program Development\_\_\_\_\_

Synagogue Bulletin\_\_\_\_\_

Website/Computers\_\_\_\_\_

**Yahrzeits**

Even if we have your information in our records, please fill in the information so that we may cross reference same.

Hebrew Name

Relationship

Date of Death (Hebrew or English)

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Please send me information on a burial plot\_\_\_\_\_

Please send me information regarding a bequest to the Synagogue\_\_\_\_\_