

2012

PILLAR DUES	\$1800.00
FAMILY DUES	\$900.00
SINGLE PERSON	\$650.00
ASSOCIATE DUES	\$250.00
(for those residing outside of the area)	
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)

Please send me information on a burial plot_____

Please send me information regarding a bequest to the Synagogue_____