

**CONGREGATION AHAVATH ACHIM
3501 S. DONNYBROOK AVENUE
TYLER, TEXAS 75701**

Phone: 903.561.4284

**APPLICATION FOR MEMBERSHIP
(Updated 02/17/2020)
(Please Print or Type All Information Requested)**

Family Name: _____

Husband's First Name: _____ Initial: ___ ___ Kohayn ___ Levi ___ Yisroel

Wife's First Name: _____ Initial: ___ ___ Kohayn ___ Levi ___ Yisroel

Address/City/State/Zip: _____

Phone Numbers: _____ email address: _____

Martial Status: ___ Single ___ Married ___ Widowed ___ Divorced

Date and Place of Marriage: _____

MALE APPLICANT

FEMALE APPLICANT

Place/Date of Birth: _____

Hebrew Name: _____

Father's Hebrew Name: _____

Mother's Hebrew Name: _____

Occupation: _____

Employer: _____

Jewish by birth or conversion? _____

___ Bar Mitzvah ___ Hebrew High

___ Bat Mitzvah ___ Hebrew High

___ Confirmation ___ Post Confirmation

___ Confirmation ___ Post Confirmation

___ Years of Religious School

___ Years of Religious School

___ Read Hebrew ___ Speak Hebrew

___ Read Hebrew ___ Speak Hebrew

___ Lead Services ___ Chant Torah/Haftarah

___ Lead Services ___ Chant Torah/Haftarah

CHILDREN (IF MARRIED, PLEASE ALSO LIST NAME OF SPOUSE)

<u>English Name</u>	<u>Hebrew Name</u>	<u>Date of Birth</u>	<u>Current Address (if different than parents)</u>
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(Attach additional pages if necessary)

Yahrzeits

English Name

Hebrew Name

Relationship

Date of Death

(Attached additional pages if desired)

Do you own cemetery lot(s): Yes No. If yes, where _____

I (we) would like to participate in the following CAA Committees:

Adult Education Cemetery Finance Health & Welfare
 House & Grounds Membership Ritual Safety Team
 Youth Education Other _____

Are you currently a member of any other congregation? Yes No

Stream of Judaism: Conservative Orthodox Reform Reconstructionist Other

Congregation Name and Location: _____

Have you been a member of any other congregation? _____ Name and Location: _____

Dates (from/to) of Membership? _____

I (we) have received a schedule of dues and agree to pay dues to Congregation Ahavath Achim at the following level:

Associate Individual Couple Family membership
on an Annual Semi-annual Quarterly Monthly basis.

Signed: _____

Dated: _____

Signed: _____

Dated: _____

**Application and amount of dues are subject to the approval of the Board of Trustees.
Please allow sufficient time for notification of the Board's action.**

Recommended by: _____

Date of Approval: _____

Deposit with Application: _____