

# Congregation Brith Achim Membership Application

*This information will be used solely for our database.*

Date of Application:

## Member Personal Information

### Member 1

Last Name:  
First Name:  
Title:  
Birth date:  
Anniversary:  
Jewish: Yes No (select one)  
Kohen Levy Convert (select if applicable)  
Hebrew name:  
Bar/Bat Mitzvah Portion:  
Work Tel: ( )  
Email:

### Member 2 (spouse)

Last Name:  
First Name:  
Title:  
Birth date:  
Anniversary:  
Jewish: Yes No (select one)  
Kohen Levy Convert (select if applicable)  
Hebrew name:  
Bar/Bat Mitzvah Portion:  
Work Tel: ( )  
Email:

## Membership

Minimum contributions shown below; may be donated in quarterly installments

### Single

Regular [\$400]      Non-Resident\* [\$125]

### Family\*\*

Regular [\$750]      Non-Resident\* [\$175]

\* Residing more than 75 miles away

\*\* Family includes spouse and/or child(ren)

## Primary Residence

Address:  
Address (line 2):  
City:  
State:                      Zip:  
Home Tel: ( )  
Cell Tel: ( )  
Fax:  
Email:

## Additional Residence

Summer home     Other (describe):

Address:  
Address (line 2):  
City:  
State:                      Zip:  
Home Tel: ( )  
Cell Tel: ( )  
Fax:  
Email:

## Check Interests (Indicate Member 1 or 2)

Sisterhood  
 Sponsor Oneg  
 Choir                       Library  
 Adult Education               Religious School  
 Museum Trips               Youth Group  
 Theater/Concert Trips  
 *Chevra Kaddisha* (Holy Burial Society)  
 Committees (specify) \_\_\_\_\_  
 Other (describe) \_\_\_\_\_

## Child(ren) Information

### Child 1

Last Name:  
First Name:  
Sex: M F  
Birth date:  
Hebrew name:  
Bar/Bat Mitzvah Portion:  
Attending Religious School Yes No  
Public School Grade:

### Child 2

Last Name:  
First Name:  
Sex: M F (select one)  
Birth date:  
Hebrew name:  
Bar/Bat Mitzvah Portion:  
Attending Religious School Yes No  
Public School Grade:

### Child 3

Last Name:  
First Name:  
Sex: M F (select one)  
Birth date:  
Hebrew name:  
Bar/Bat Mitzvah Portion:  
Attending Religious School Yes No  
Public School Grade:

### Child 4

Last Name:  
First Name:  
Sex: M F (select one)  
Birth date:  
Hebrew name:  
Bar/Bat Mitzvah Portion:  
Attending Religious School Yes No  
Public School Grade:

## Yahrzeit Information

### Yahrzeit 1

Name of deceased:  
Hebrew name:  
Date of death: Day Night (select one)  
Relationship:  
Send candle: Yes No

### Yahrzeit 2

Name of deceased:  
Hebrew name:  
Date of death: Day Night (select one)  
Relationship:  
Send candle: Yes No

### Yahrzeit 3

Name of deceased:  
Hebrew name:  
Date of death: Day Night (select one)  
Relationship:  
Send candle: Yes No

### Yahrzeit 4

Name of deceased:  
Hebrew name:  
Date of death: Day Night (select one)  
Relationship:  
Send candle: Yes No

### Yahrzeit 5

Name of deceased:  
Hebrew name:  
Date of death: Day Night (select one)  
Relationship:  
Send candle: Yes No

### Yahrzeit 6

Name of deceased:  
Hebrew name:  
Date of death: Day Night (select one)  
Relationship:  
Send candle: Yes No

### **Yahrzeit 7**

Name of deceased:

Hebrew name:

Date of death:                      Day   Night (select one)

Relationship:

Send candle:                      Yes No

### **Yahrzeit 8**

Name of deceased:

Hebrew name:

Date of death:                      Day   Night (select one)

Relationship:

Send candle:                      Yes No