



Membership Application Form

Type of Membership Requested – Please check one

- Family Single Associate**

Head of Household 1

Last Name: _____ First Name: _____ Hebrew Name: _____

Date of Birth: _____ Sex: Male Female Email Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____ Business phone: _____

Father's Hebrew Name: _____ Father's English Name: _____

Mother's Hebrew Name: _____ Mother's English Name: _____

Please Check one: Cohen Levi Israel Do you read Hebrew? Yes No

Please indicate the parts of the service that you can lead: _____

Date of Bar/Bat Mitzvah: _____ Wedding Anniversary Date: _____

Prior/ Current Synagogue affiliation and location: _____

Name of Rabbi: _____

Head of Household 2

Last Name: _____ First Name: _____ Hebrew Name: _____

Date of Birth: _____ Sex: Male Female Email Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____ Business phone: _____

Father's Hebrew Name: _____ Father's English Name: _____

Mother's Hebrew Name: _____ Mother's English Name: _____

Please Check one: Cohen Levi Israel Do you read Hebrew? Yes No

Please indicate the parts of the service that you can lead: _____

Date of Bar/Bat Mitzvah: _____ Wedding Anniversary Date: _____

Prior/ Current Synagogue affiliation and location: _____

Name of Rabbi: _____

** (ASSOCIATE MUST HAVE FULL MEMBERSHIP IN ANOTHER LOCAL CONGREGATION WITH DUES AT LEAST EQUAL TO OUR DUES OR LIVE AT LEAST 50 MILES FROM SAVANNAH)

Yahrzeits: (English Date with year / First and Last Name)

Mother: _____ Mother: _____
Father: _____ Father: _____
Other: _____ Other: _____

Please Check Any Areas of Interest:

Household Head 1	Household Head 2	
<input type="checkbox"/>	<input type="checkbox"/>	Ritual Committee
<input type="checkbox"/>	<input type="checkbox"/>	Adult Education
<input type="checkbox"/>	<input type="checkbox"/>	Youth Activities
<input type="checkbox"/>	<input type="checkbox"/>	Tot Shabbat / Jr. Congregation
<input type="checkbox"/>	<input type="checkbox"/>	Shalom School
<input type="checkbox"/>	<input type="checkbox"/>	Men's Club
<input type="checkbox"/>	<input type="checkbox"/>	Sisterhood
<input type="checkbox"/>	<input type="checkbox"/>	Membership
<input type="checkbox"/>	<input type="checkbox"/>	Fundraising
<input type="checkbox"/>	<input type="checkbox"/>	Other

Children

Name	Hebrew Name	Date of Birth	Date of Bar/Bat Mitzvah	School Enrollment
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____
6 _____	_____	_____	_____	_____

Head of House Hold 1 Signature: _____ Date: _____

Head of House Hold 2 Signature: _____ Date: _____

Rabbi Recommendation: _____

Please send completed application to Congregation Agudath Achim
US mail: 9 Lee Boulevard, Savannah, GA. 31405
Email: agudatha@aol.com