



Membership Application
Adas Yeshurun Synagogue
 935 Johns Road, Augusta, GA 30904
 (706) 733-9491
 adasyeshurun@gmail.com
<http://www.adasyeshurun.net/Home.html>

Membership Type: Single__ Family __ Dual (CCI) __ Dual (PY) __ Associate __

Adult Applicant 1:

Full Name: _____ Title (for mailings): _____ Birth date: _____
 Hebrew name: _____ Marital Status: _____ Marriage Date: _____
 Mother's Hebrew name: _____
 Father's Hebrew name: _____ Cohen Levi Yisrael
 Street Address: _____ Apt: _____
 City: _____ State: _____ Zip: _____
 Home telephone: (____) _____ E-mail(s): _____
 If previously divorced, was get performed? _____ Name of Rabbi: _____

Adult Applicant 2:

Full Name: _____ Title (for mailings): _____ Birth date: _____
 Hebrew name: _____ Marital Status: _____ Marriage Date: _____
 Mother's Hebrew name: _____
 Father's Hebrew name: _____ Cohen Levi Yisrael
 If previously divorced, was get performed? _____ Name of Rabbi: _____

Children Under 18 (attach additional sheet if needed):

Name	Hebrew Name	Birth Date	School/Grade	Religious School? (Y/N)	Bar/Bat Mitzvah Date (or N.A.)

Please indicate if any children were adopted: _____

Yahrzeit Information To receive reminders of Yahrzeit dates (attach additional sheet if needed)

Name	Date of Death	Family Relationship

Please contact the AYS Office if you wish to establish a permanent memorial plaque.

Religious Background (Adult Applicant 1):

Congregation last affiliated with (Name, City, State): _____

If converted, date, congregation, and name of Rabbi: _____

Please describe briefly your religious background, education, whether you can read Hebrew, lead a service, etc.

Religious Background (Adult Applicant 2):

Congregation last affiliated with (Name, City, State): _____

If converted, date, congregation, and name of Rabbi: _____

Please describe briefly your religious background, education, whether you can read Hebrew, lead a service, etc.

Professional Information (Adult Applicant 1):

Occupation	
Place of Employment	
Work Address	
Work Phone Number	

Professional Information (Adult Applicant 2):

Occupation	
Place of Employment	
Work Address	
Work Phone Number	

Congregational Areas of Interest and Special Talents: (Check if applicable for each adult applicant)

	A1	A2		A1	A2		A1	A2		A1	A2			
Adult Ed	<input type="checkbox"/>	<input type="checkbox"/>	Bikur Cholim	<input type="checkbox"/>	<input type="checkbox"/>	Bulletin & Publicity	<input type="checkbox"/>	<input type="checkbox"/>	Men's Club	<input type="checkbox"/>	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	<input type="checkbox"/>
Tutoring	<input type="checkbox"/>	<input type="checkbox"/>	Chevra Kaddisha	<input type="checkbox"/>	<input type="checkbox"/>	Singles Activities	<input type="checkbox"/>	<input type="checkbox"/>	Sisterhood	<input type="checkbox"/>	<input type="checkbox"/>	Computers & Internet	<input type="checkbox"/>	<input type="checkbox"/>
Religious School	<input type="checkbox"/>	<input type="checkbox"/>	Daily Minyan	<input type="checkbox"/>	<input type="checkbox"/>	Seniors Activities	<input type="checkbox"/>	<input type="checkbox"/>	Social Committee	<input type="checkbox"/>	<input type="checkbox"/>	Office Volunteer	<input type="checkbox"/>	<input type="checkbox"/>
Chesed	<input type="checkbox"/>	<input type="checkbox"/>	Membership	<input type="checkbox"/>	<input type="checkbox"/>	Art, Dance or Music	<input type="checkbox"/>	<input type="checkbox"/>	Financial	<input type="checkbox"/>	<input type="checkbox"/>	Photography	<input type="checkbox"/>	<input type="checkbox"/>

Other (not listed): _____

By signing this application, I am stating the following:

- I will abide by all the rules and regulations of Adas Yeshurun Synagogue as stated in the By-Laws
- I understand that "new member" rates apply only to certain member categories and for the balance of my first fiscal year of membership. I am aware that the Fiscal Year for payment is July 1 –June 30, and that I will owe full member dues upon the first July 1 after joining AYS. I am aware that dues may increase in the future.
- I understand that dues accommodations for special needs can only be made in consultation with the AYS Treasurer
- I understand that the Rabbi has the final say on all AdasYeshurun Synagogue religious standards.

Signature

Date

Signature

Date

Adult Applicant 1

Adult Applicant 2

Office Use Only: R _____

B _____