

Membership Application Adas Yeshurun Synagogue 935 Johns Road, Augusta, GA 30904 (706) 733-9491

adasyeshurun@gmail.com http://www.adasyeshurun.net/Home.html

Adult Applicant 1:	<u>lembership Type</u> : Sing							
		Title (for mailings						
					Marriage Date:			
Mother's Hebrew name	e:							
Father's Hebrew name	9:				Cohen Levi	□ Yisrael		
Street Address:					Apt:			
City:		State:	Zip:					
Home telephone: ()	E-mail(s): _						
If previously divorced	d, was get performed?	N	lame of Ral	bbi:				
Adult Applicant 2:								
Full Name:	ıll Name:			gs):	Birth date:			
Hebrew name:	Ma				Marriage Date:			
Mother's Hebrew name	e:							
	e:					□ Yisrael		
If previously divorced	d, was get performed?	N	lame of Ral	bbi:				
Children Under 18 (at	ttach additional sheet if n	eeded):						
Name	Hebrew Name	Birth Date School/Grad		ade	Religious Bar/Bat Mitz			
					School? (Y/N)	Date (or N.A.)		
-					nal shoot if pood			
<u>Yahrzeit Information</u> To receive reminders of Name					amily Relationship			

		nd (Adult Appli		tate)·					
		gregation, and	•						
					vhether y	you can read Heb	rew, lead	a service, etc.	
Congregation If converted	on last affili d, date, con	ated with (Nam gregation, and	e, City, S name of I	Rabbi:	whether	you can read Heb	rew. lead	a service, etc.	
		ition (Adult Ap				,	,		
Occupation									
Place of En	nployment								
Work Addre	ess								
Work Phon	e Number								
Profession Occupation		ition (Adult Ap	plicant 2	<u>)</u> :					
Place of En	nployment								
Work Addre	ess								
Work Phon	e Number								
Congregat						oplicable for each			
A -114 - -1	A1 A2		A1 A2		A1 A2	Men's Club	1 A2		A2
Adult Ed		Bikur Cholim		Bulletin & Publicity		J Men's Club		Cooking	
Tutoring		Chevra Kaddisha		Singles Activities		Sisterhood		Computers & Internet	
Religious School		Daily Minyan		Seniors Activities		Social Committee		Office Volunteer	
Chesed		Membership		Art, Dance or] Financial		Photography	
Other (not I	isted):			Music					
I will abI unders year of dues upI unders	oide by all the stand that " membershoon the first stand that of	fnew member" i ip. I am aware t July 1 after joi dues accommo	gulations of rates appl that the F ning AYS dations fo	of Adas Yeshuru y only to certain Fiscal Year for pa . I am aware tha r special needs	membe ayment at dues i can only	gogue as stated in or categories and f is July 1 –June 30 may increase in the or be made in cons Synagogue religio	or the bal , and that e future. ultation w	ance of my first I will owe full m ith the AYS Tre	ember
Signature Adult Appl	icant 1		 Date	Signa Adult	ature Applic	ant 2	Date		

Office Use Only: R_____

В____

2 of 2 March 2012