



Membership Application
Adas Yeshurun Synagogue
935 Johns Road, Augusta, GA 30904
(706) 733-9491; (706) 733-1651
adasyeshurun@gmail.com
www.adasyeshurun.net

Membership Type: ___ Student ___ Single ___ Dual(CCI) ___ Dual(PY) ___ Associate

Adult Applicant 1 (A1):

Full Name: _____ Title: (for mailings) _____ Date of Birth: _____

Hebrew Name: _____ Marital Status: _____ Marriage Date: _____

Mother's Hebrew Name: _____

Father's Hebrew Name: _____ ___ Cohen ___ Levi ___ Yisrael

Street Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email(s) _____

If previously divorced, was a get performed? ___ Y ___ N Name of Rabbi: _____

Adult Applicant 2 (A2):

Full Name: _____ Title: (for mailings) _____ Date of Birth: _____

Hebrew Name: _____ Marital Status: _____ Marriage Date: _____

Mother's Hebrew Name: _____

Father's Hebrew Name: _____ ___ Cohen ___ Levi ___ Yisrael

Street Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email(s) _____

If previously divorced, was a get performed? ___ Y ___ N Name of Rabbi: _____

Children Under 26 (use page 4 if needed):

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

Please indicate if any children were adopted with an * and if converted provide date and Rabbi.

Yahrzeit Information: (to receive reminders of Yahrzeit dates-use page four, if needed)

Name	Date of Death	Family Relationship

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

Religious Background of Adult Applicant 1:

Last Congregational Affiliation: (Name, City, State) _____

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

Please briefly describe your religious background, education, whether you are able to read Hebrew, lead a service, etc.: _____

Religious Background of Adult Applicant 2:

Last Congregational Affiliation: (Name, City, State) _____

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

Please briefly describe your religious background, education, whether you are able to 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	

Children Under 26 (continued):

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

Please indicate if any children were adopted with an * and if converted provide date and Rabbi.

Yahrzeit Information: (continued)

Name	Date of Death	Family Relationship