

ADATH SHALOM CONGREGATION

Membership Application/ Data Form



**As a member of United Synagogue of Conservative Judaism, Adath Shalom must confirm that its members are Jewish, i.e., born of a Jewish mother or undergone a full Halachic conversion.*

Please sign below to confirm:

Please contact our co-presidents or membership coordinator if any questions about this form.

Names of adults:		
	(If different surnames, please indicate which surname should appear <u>first</u> in the membership list)	
Email address (max 2)		
Membership Category and Dues	Household with two Jewish adults ____ (\$590 / year)	Household with one Jewish adult ____ (\$300 / year)
Mailing Address	Unit number and street: City: Postal Code:	
Phone number (home)		
Hebrew name		
Parents Hebrew Names: (leave blank for now if not certain)	Father: Mother:	Father: Mother:
Are you a Kohen or Levi?	____ Kohen? ____ Levi? (leave blank if not sure)	____ Kohen? ____ Levi? (leave blank if not sure)
Children living at home: Are children Jewish according to the above USCJ definition? * Yes / No	Names: • • •	Birthdays: (yyyy/mm/dd) • • •
Are you interested in leading any parts of the service? Chanting Torah? Haftorah? Giving D'var Torah's?		
* Signature:	Dated:	

Please send this form, along with a cheque for dues to the secretary listed on the web site or address given in the email to you.