

APPLICATION FOR MEMBERSHIP

The Adas Israel is dedicated to creating an inclusive, non-judgmental environment that fosters Jewish spiritual & intellectual growth and a sense of community. We welcome your membership and will accommodate membership rates based on financial needs.

CONFIDENTIAL

MALE APPLICANT		FEMALE APPLICANT	
SURNAME:		SURNAME:	
GIVEN NAMES:		GIVEN NAMES:	
E-MAIL:	CELL#:	E-MAIL:	CELL#:

RESIDENT ADDRESS

NO. & STREET:		APT. NO.:
CITY/TOWN:	PROVINCE:	POSTAL CODE:
HOME PHONE:	OTHER:	

PERSONAL INFORMATION

MALE APPLICANT	FEMALE APPLICANT
OCCUPATION/PROFESSION:	OCCUPATION/PROFESSION:
NAME OF BUSINESS:	NAME OF BUSINESS:
BUSINESS ADDRESS:	BUSINESS ADDRESS:
WORK PHONE:	WORK PHONE:
POSITION:	POSITION:
YOUR HEBREW NAME (Please Transliterate):	YOUR HEBREW NAME (Please Transliterate):
FATHER'S ENGLISH NAME:	FATHER'S ENGLISH NAME:
FATHER'S HEBREW NAME (Please Transliterate):	FATHER'S HEBREW NAME (Please Transliterate):
MOTHER'S ENGLISH NAME:	MOTHER'S ENGLISH NAME:
MOTHER'S HEBREW NAME (Please Transliterate):	MOTHER'S HEBREW NAME (Please Transliterate):

YAHARZEIT RECORD

FULL HEBREW NAME (Please Transliterate)	FULL ENGLISH NAME	RELATIONSHIP TO APPLICANT	HEBREW DATE OF DATE (Please Transliterate)

CEMETERY INFORMATION *

DO YOU NOW OWN CEMETERY INTERMENT RIGHTS? YES NO

IF "YES",
WHERE? _____

WILL YOU REQUIRE A CONGREGATION CEMETERY PLOT AT TIME OF NEED? YES NO

IF "YES", SINGLE DOUBLE

* CEMETERY PLOTS ARE NOT INCLUDED IN MEMBERSHIP FEES.

OFFICE USE ONLY:

MEMBERSHIP COMMITTEE INTERVIEW DATE:	
<input type="checkbox"/> MET WITH RABBI – DATE:	<input type="checkbox"/> MET WITH EXECUTIVE DIRECTOR – DATE:
COMMENTS:	

ANNUAL DUES

To be completed at meeting with the director

I/we hereby apply for membership at the Adas Israel Congregation of Hamilton and if accepted I/we will abide by the constitution and by-laws of the congregation as duly enacted and in force. I/we agree to contribute to the congregation annual dues of :

\$ _____ (see table below) payable in _____ installments.

Please indicate special considerations here:

SIGNATURE OF APPLICANT

SIGNATURE OF APPLICANT

DATE

DATE

Adas Israel Membership Fees

Annual Membership Options

\$1,000 General Membership
\$1,360 Supporter
\$1,800 Tree of life
\$2,500 Patron
\$3,600 Pillar

Special Memberships

\$500 Associate Membership (Non-primary synagogue affiliation)
\$500 Introductory Family Membership (First year only)
\$360 Introductory Single Membership (First year only)
\$360 Student Couples Membership
\$180 Student Membership
\$180 Legacy Membership