

Adat Chaim Membership Registration

2014 DUES (per year)

Name _____

Address _____ Home Phone _____

E Mail _____ Cell Phone _____

Circle your selection

	<u>18 to 29 yrs old</u>	<u>30 to 34</u>	<u>35 to 69</u>	<u>70 and over</u>
<u>Individual</u> (includes one High Holy Day seat)	\$400.00	\$600.00	\$800.00	\$600.00
<u>Family</u> (includes two High Holy Day seats)	\$800.00	\$1200.00	\$1600.00	\$1200.00

Payment Method

_____ Check (made payable to Adat Chaim)

_____ credit card: Master Card _____ Visa _____

Name: _____

Number: _____

Expiration Date (month/year): _____

Security code from the back _____

Signature _____

Mail to: Adat Chaim

**10989 Red Run Blvd., Ste.109
Owings Mills, MD 21117**

Payment plans are available:

- ___ 1. Payment in full by January 31, 2014 by check or credit card
- ___ 2. Payment in 6 equal monthly payments by June 30, 2014 by check or credit card
- ___ 3. Payment in 4 quarterly payments over 12 months by December 20, 2014 by check or credit card
- ___ 4. Payment in 12 equal monthly payments by December 20, 2014 by credit card only
- ___ 5. I need to make other arrangements. Please call the Shul office.

I/We accept membership in Adat Chaim (AC) and agree to pay all annual financial obligations of membership and fees within that calendar year and agree to make payments in accordance with the dates and amounts set forth in this 2014 schedule of fees.

Signature: _____ Date: _____

Signature: _____ Date: _____

Office use: Recv'd by _____ recv'd date _____ check # _____ amt \$ _____ 2014

Adat Chaim Membership Application Personal Information

Male

Female

Name: _____

Address: _____

Phone: (H) _____ (W) _____
(C) _____

(H) _____ (W) _____
(C) _____

Email: _____

DOB _____

Occupation: _____

Religion: Jewish ____ Non-Jewish ____

Jewish ____ Non-Jewish ____

Tribe: Kohen ____ Levi ____ Israelite ____

Kohen ____ Levi ____ Israelite ____

Hebrew Name: _____

Father's

Hebrew Name: _____

Previous Shul: _____

Wedding Date: _____

Children (under 25 and living with you)

Name: _____ Hebrew: _____ Birthdate: _____

Name: _____ Hebrew: _____ Birthdate: _____

Name: _____ Hebrew: _____ Birthdate: _____

Name: _____ Hebrew: _____ Birthdate: _____

Do they attend Hebrew/Day School? ____ Where? _____

Yahrzeits

Name: _____

Relationship: _____

Full Hebrew Name: _____

Date of Death: _____ day evening

Name: _____

Relationship: _____

Full Hebrew Name: _____

Date of Death: _____ day evening

Name: _____

Relationship: _____

Full Hebrew Name: _____

Date of Death: _____ day evening

Name: _____

Relationship: _____

Full Hebrew Name: _____

Date of Death: _____ day evening

I/We are interested in joining the following groups or committees:

Executive Board ____ Men's Club ____ Sisterhood ____ Congregational School ____ Ritual ____ Membership ____
Fundraising ____ Development/Building ____ Adult Education ____ Social Action ____ Adult Programming ____

I/We heard about Adat Chaim through word of mouth, newspaper, website, facebook, etc.

Signature: _____ Date: _____

2014