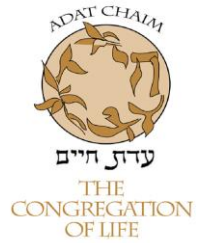




Adat Chaim Membership

Annual Membership Year
January 1st – December 31st



Check your selection : **Individual Membership:** **Family Membership*:**

Check your age category: 18 – 29 30 - 34 35 – 69 70 and over

***Note: Age is determined by the eldest adult member for a family membership.**

Membership Rates by Age:

Individual (includes one High Holy Day seat): 18-29 (\$400) 30-34 (\$600) 35-69 (\$800) 70 & over (\$600)

Family (includes two High Holy Day seats): 18-29 (\$800) 30-34 (\$1,200) 35-69 (\$1,600) 70 & over (\$1,200)

Payment plans are available; please check your payment plan option :

- Payment in full by January 31st by personal or bank check.
- Payment in 6 equal payments by June 30th by personal or bank check.
- Payment in 8 equal payments by August 30th by personal or bank check.
- Payment by credit card. Please contact me for information.
- I need to discuss special payment options and/or make other arrangements. Please call me:

Payments can be mailed to:

Adat Chaim Synagogue
10989 Red Run Blvd., Ste.109
Owings Mills, MD 21117

I/We accept membership in Adat Chaim and agree to pay all annual financial obligations of membership within the calendar year and make payments in accordance with the dates and amounts set forth in the payment plan option that we have selected above.

Signature: _____ Date: _____

Signature: _____ Date: _____

Office use: Rec'd by: _____ Date: ___/___/____ Check #: _____ Amt.: \$ _____



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: _____

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 ___ Member ___

If by a member, can you share with us who it was? _____

Office use: Rec'd by: _____ Date: ___/___/___ Check #: _____ Amt.: \$ _____