

## Membership Fees

1. Annual fees for membership at Ahavath Israel (AIC) consist of membership dues and Capital Building Improvement Fund (CBIF) assessments. These are calculated on a fiscal year basis starting on July 1<sup>st</sup> and ending on June 30<sup>th</sup>.
2. Religious School tuition is not included in membership or other fees. Tuition shall be prorated for new members entering children after the school year has begun.
3. Applications for membership shall be accompanied by a \$100.00 deposit which shall be applied to the membership dues for the current year.
4. Membership is automatically renewed each year, unless the Board of Trustees is notified **in writing** to the contrary.

## Financial Policies

1. All assessments begin with the first year of membership
2. Tickets for High Holiday Services will be sent only to those members whose financial obligations are current.
3. The CBIF at this time is \$1,200.00. This amount is paid in six (6) equal yearly installments each in the amount of \$200.00. If a family chooses to leave the synagogue the unpaid balance shall be forgiven provided that the family is current with their CBIF obligation at the time of leaving.
4. Any member family celebrating a Bar or Bat Mitzvah must be current in their dues and CBIF obligations.

I/We hereby apply for membership in Ahavath Israel Congregation and understand my/our financial obligation as explained above.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I/We wish to join AIC -Immediately -Next fiscal year (7/1)

## Ahavath Israel Congregation

1130 Lower Ferry Road

Ewing NJ 08618

(609) 882-3092

<http://www.ahavathisrael.org>



## Membership Application

Name/Names: \_\_\_\_\_

### For Office Use

Date Received:		<input type="checkbox"/> -Original to file
Date of Vote:		<input type="checkbox"/> -Rabbi
Welcome Letter:		<input type="checkbox"/> -Cantor
Date Filed:		<input type="checkbox"/> -President
		<input type="checkbox"/> -Membership VP
11/14/2005		<input type="checkbox"/> -Financial Secretary

Please Print Clearly

Today's Date: \_\_\_\_\_

Family Name: \_\_\_\_\_ email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Marital Status: M/S/D/W Date Married: \_\_\_\_\_

**Type of Membership Requested**

<input type="checkbox"/> -Family	<input type="checkbox"/> -Senior Single (Age 65+)
<input type="checkbox"/> -Couple	<input type="checkbox"/> -Senior Couple (Age 65+)
<input type="checkbox"/> -Single	<input type="checkbox"/> -Dual Membership
	<input type="checkbox"/> -Associate

**PERSONAL DATA**

<b>Applicant</b>	<b>Co-applicant</b>
First Name	First Name
Circle Title: Mr / Mrs/ Ms/ Miss/ Dr	Circle Title: Mr / Mrs/ Ms/ Miss/ Dr
Maiden Name	Maiden Name
Hebrew Name	Hebrew Name
<input type="checkbox"/> -Kohen <input type="checkbox"/> -Levi <input type="checkbox"/> -Israelite	<input type="checkbox"/> -Kohen <input type="checkbox"/> -Levi <input type="checkbox"/> -Israelite
Father's Hebrew Name	Father's Hebrew Name
Mothers Hebrew Name	Mothers Hebrew Name
Birthday	Birthday
Born Jewish <input type="checkbox"/> -Yes <input type="checkbox"/> -No	Born Jewish <input type="checkbox"/> -Yes <input type="checkbox"/> -No
Conversion Date	Conversion Date
Conversion Place	Conversion Place
Conversion Rabbi	Conversion Rabbi
Blood Type <input type="checkbox"/> -A <input type="checkbox"/> -B <input type="checkbox"/> -AB <input type="checkbox"/> -O <input type="checkbox"/> -?	Blood Type <input type="checkbox"/> -A <input type="checkbox"/> -B <input type="checkbox"/> -AB <input type="checkbox"/> -O <input type="checkbox"/> -?
Occupation	Occupation
Employer Name	Employer Name
Work Phone	Work Phone
Work Address	Work Address
City/ST/ZIP	City/ST/ZIP

**ADULT CHILDREN (18+)**

First Name	First Name
Last Name	Last Name
Hebrew Name	Hebrew Name
DOB Sex <input type="checkbox"/> -M <input type="checkbox"/> -F Married <input type="checkbox"/> -Y <input type="checkbox"/> -N	DOB Sex <input type="checkbox"/> -M <input type="checkbox"/> -F Married <input type="checkbox"/> -Y <input type="checkbox"/> -N

**CHILDREN UNDER AGE 18**

<b>Child</b>	<b>Child</b>
First Name	First Name
Last Name	Last Name
Hebrew Name	Hebrew Name
Birthday <input type="checkbox"/> -Male <input type="checkbox"/> -Female	Birthday <input type="checkbox"/> -Male <input type="checkbox"/> -Female
Born Jewish <input type="checkbox"/> -Yes <input type="checkbox"/> -No	Born Jewish <input type="checkbox"/> -Yes <input type="checkbox"/> -No
Conversion Date	Conversion Date
Conversion Place	Conversion Place
Conversion Rabbi	Conversion Rabbi
Religious School Grade	Religious School Grade
Bar/Bat Mitzvah Date	Bar/Bat Mitzvah Date
Secular school & Grade	Secular school & Grade

<b>Child</b>	<b>Child</b>
First Name	First Name
Last Name	Last Name
Hebrew Name	Hebrew Name
Birthday <input type="checkbox"/> -Male <input type="checkbox"/> -Female	Birthday <input type="checkbox"/> -Male <input type="checkbox"/> -Female
Born Jewish <input type="checkbox"/> -Yes <input type="checkbox"/> -No	Born Jewish <input type="checkbox"/> -Yes <input type="checkbox"/> -No
Conversion Date	Conversion Date
Conversion Place	Conversion Place
Conversion Rabbi	Conversion Rabbi
Religious School Grade	Religious School Grade
Bar/Bat Mitzvah Date	Bar/Bat Mitzvah Date
Secular school & Grade	Secular school & Grade

**Yahrzeit Record** (We send out reminder letters.)

<b>Name of Deceased</b>	<b>Date of Death</b>	<b>Related to whom</b>	<b>Relationship</b>

Special Interests: \_\_\_\_\_

Snowbird Address & Phone \_\_\_\_\_

Dates at this address: \_\_\_\_\_