



Congregation
Ahavas Israel

קהילה אהבת ישראל

Membership Application

office@ahavasisraelgr.org

616-949-2840

Adult #1	Adult #2 (if applicable)
Mr / Mrs / Ms / Dr / Other (please underline)	Mr / Mrs / Ms / Dr / Other (please underline)
Name	Name
Date of Birth / /	Date of Birth / /
Cell phone	Cell phone
e-mail	e-mail
Address	
Wedding/Partner Anniversary Date	
Home phone	
Occupation	
<input type="checkbox"/> Jewish <input type="checkbox"/> Not Jewish	
<input type="checkbox"/> Jewish <input type="checkbox"/> Not Jewish	
Most recent Congregational Affiliation	Most recent Congregational Affiliation
Hebrew Name	Hebrew Name
Mother's Hebrew Name	Mother's Hebrew Name
Father's Hebrew Name	Father's Hebrew Name

Please tell us something about you that we may put in our newsletter, the *Voice*.

May we publish your contact information in the *Voice* and Member Directory?

Address: __ Yes __ No

Phone Number: __ Yes __ No

#1 Email: __ Yes __ No #2 Email __ Yes __ No

CHILDREN (if applicable)

Child #1:

Child #2:

Name

Name

Hebrew Name

Hebrew Name

Date of birth

Date of Birth

Child #3:

Child #4:

Name

Name

Hebrew Name

Hebrew Name

Date of birth

Date of Birth

Please add any additional children separately.

Yahrtzeit

Our custom is to help members remember the anniversary of the death of loved ones by sending a reminder notice on the Hebrew date (we can calculate this for you).

Name of Loved One:

Name of Loved One:

Relative of	Relative of
Relationship	Relationship
Hebrew or Common Date of Death	Hebrew or Common Date of Death
Name of Loved One:	Name of Loved One:
Relative of	Relative of
Relationship	Relationship
Hebrew or Common Date of Death	Hebrew or Common Date of Death

Synagogue Interests, Groups, Committees

Which activities might you want to participate in? (Ask for the list of current committees.)

Torah or Talmud Study		
Junior Congregation		
Young Jewish Group (20s-40s)		
Religious Life Committee		
United Jewish School		
Fundraising		
Havurot & Social Activities		
Archive Group		
Corners of the Field Community Garden		

Reading/chanting Torah/Haftarah		
G'mach (Acts of loving-kindness)		

Landscaping/Property Maintenance		
Help with Kiddush		
Cooking (for special occasions)		
Amanei B'nai Betzallel Art Group		
Learning Hebrew		
Technology		
Social Service		
Peddlers Biking Group		
Board of Trustees/Leadership		
Other Interests or Skills		

Financial Contribution to Ahavas Israel

Thank you for committing to support our mission!

We create a welcoming, inclusive, and engaging sacred community, helping individuals follow their spiritual paths using traditional Jewish practices.

Your financial contribution should be according to your means. The annual dues amount of \$2,100 for a two-adult household and \$1,100 for a single-adult household is calculated on the cost of ensuring the survival of Ahavas Israel.

- Check the amount that best fits with your current finances for your annual dues:
Two-Adult Household ___ \$2100 ___ \$1600 ___ \$1100 ___ \$600 ___ \$_____other
One-Adult Household ___ \$1100 ___ \$800 ___ \$550 ___ \$300 ___ \$_____other
- Building Fund assessment is \$2,000 payable over five years for a two-adult household; \$1,000 payable over five years for a single-adult household. Following the completion of the one-time Building Fund, an annual assessment of \$100 (subject to Board revisions) will be required of all members.

I estimate that dues payments will be made (check one) ___ Annually ___ Quarterly ___ Monthly <i>All dues pledges are due by June 30</i>	Initial Year Dues (prorated to remaining months before June)	\$ _____
	Initial Year Building Fund	\$400 for 2-adult \$200 for 1-adult
	Initial Year Total Pledge	\$ _____
	Amount Enclosed	\$ _____

If your pledge is less than \$2,100 for a two-adult household or \$1,100 for a single-adult household, you agree to increase it as your circumstances allow. If you have any questions about membership or filling out the application, please contact Membership Co-chair Diane Rayor at rayord@gmail.com.

Date _____ **Signature** _____

Date _____ **Signature** _____

Please fill out the entire form, sign, and include a portion of your Total Annual Pledge (check or online <https://www.ahavasisraelgr.org/donate>) before returning it to:

Congregation Ahavas Israel
2727 Michigan NE
Grand Rapids, MI 49506

Reviewed: Date _____ Treasurer
Approved: Date _____ President (Board of Trustees)