

Congregation Ahavas Israel
“Friends of Ahavas Israel”

B’nai Noah Affiliation Application

Date: _____

Name: _____ Date of Birth: _____

Address: _____

City: _____ Zip Code: _____

Home phone: _____ Work (daytime) phone: _____

Fax: _____ Cell: _____ email: _____

Occupation: _____

Interests/hobbies: _____

For a household affiliation:

Name: _____ Date of Birth: _____

Work (daytime) phone: _____ Fax: _____

Cell: _____ email: _____

Anniversary: _____

Occupation: _____

Interests/Hobbies: _____

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Children

Name: _____ Date of Birth: _____

School: _____ email: _____

Interests/Hobbies: _____

Name: _____ Date of Birth: _____

School: _____ email: _____

Interests/Hobbies: _____

Name: _____ Date of Birth: _____

School: _____ email: _____

Interests/Hobbies: _____

May we acknowledge your affiliation in the synagogue newsletter? ___ Yes ___ No

Annual Dues: _____
(\$275/Single, \$550/family)

I understand that my affiliation with Congregation Ahavas Israel does not constitute membership, and does not entitle me to hold offices, sit on committees, or vote at meetings of the congregation; nor does it include burial privileges at the congregation’s cemeteries.

Further, I understand if I engage in proselytizing or other behavior involving moral turpitude or gross misconduct, my affiliation will be discontinued by the Rabbi and Executive Board.

Signature _____