



Congregation Ahavas Israel

קהילת אהבת ישראל

2727 Michigan NE, Grand Rapids MI 49506

PH: 616-949-2840 Email: office@ahavasisraelgr.org

Type of Membership: __ Single __ Family __ Affiliated* __ Out of Town*

*These memberships have limited and or special circumstances, please contact the membership committee to learn more.

Adult #1	Adult #2 (if applicable)
Mr / Mrs / Ms / Dr / Other (please underline)	Mr / Mrs / Ms / Dr / Other (please underline)
Name:	Name:
Phone:	Phone:
e-mail:	e-mail:
Address	
Wedding/Partner Anniversary Date:	
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
<i>Please add any additional children separately.</i>	

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		

CONFIDENTIAL

Financial Contribution to Ahavas Israel

Your financial contribution should be according to your means. The standard annual dues amounts are currently \$2,100 for a two-adult household and \$1,100 for a single-adult household. Please check the box that best fits with your current finances for your annual dues:

Two-Adult Household	<input type="checkbox"/> \$2100	<input type="checkbox"/> \$_____other		Out of Town	<input type="checkbox"/> \$500	<input type="checkbox"/> \$_____
One-Adult Household	<input type="checkbox"/> \$1100	<input type="checkbox"/> \$_____other		Affiliated	<input type="checkbox"/> \$180	<input type="checkbox"/> \$_____

- A building Fund assessment of \$2,000 for a two-adult household or \$1,000 for a single-adult household is payable over five years.
- Following the completion of the one-time Building Fund, an annual assessment of \$150 will be required of all members.
- All amounts are subject to Board of Trustees revision.

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

If your pledge is less than the standard dues amount, your dues will be reviewed annually and you agree to increase it as your circumstances allow. If you have any questions about membership or filling out the application, please contact Membership Committee Chair at office@ahavasisraelgr.org.

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)