



# Adat Chaim Membership

Annual Membership Year is January 1st–December 31<sup>st</sup>

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

Check your age category:  **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 Holiday seat): 35-69 (\$960) 70 & over (\$720)

**Family** (includes two High Holiday seats): 35-69 (\$1,920) 70 & over (\$1,440)

## Please check your payment plan option below:

- Payment in full by January 31<sup>st</sup> by personal or bank check
- Payment in 6 equal payments by June 30<sup>th</sup> by personal or bank check
- Payment in 8 equal payments by August 31<sup>st</sup> by personal or bank check
- I need to discuss other arrangements. Please call the shul office 410-833-7485 to leave a message for the Finance Committee.

## Payment Method

\_\_\_\_\_ Personal Check    \_\_\_\_\_ Bank Check  
(made payable to Adat Chaim)

**Mail to: Adat Chaim**  
**10989 Red Run Blvd., Ste.109**  
**Owings Mills, MD 21117**

I/We accept membership in Adat Chaim Synagogue 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 I/we have selected above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Adat Chaim Membership Application

## Personal Information

**Male**

**Female**

Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

(H) \_\_\_\_\_ (W) \_\_\_\_\_

(C) \_\_\_\_\_

(C) \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

DOB \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

\_\_\_\_\_

Religion: Jewish \_\_\_\_\_ Non-Jewish \_\_\_\_\_

Jewish \_\_\_\_\_ Non-Jewish \_\_\_\_\_

Tribe: Kohen \_\_\_ Levi \_\_\_ Israelite \_\_\_

Kohen \_\_\_ Levi \_\_\_ Israelite \_\_\_

Hebrew Name: \_\_\_\_\_

\_\_\_\_\_

Father's

Hebrew Name: \_\_\_\_\_

\_\_\_\_\_

Mother's

Hebrew Name: \_\_\_\_\_

\_\_\_\_\_

Previous Shul: \_\_\_\_\_

\_\_\_\_\_

Wedding Date: \_\_\_\_\_

### Children (under 25 and living with you)

Name: \_\_\_\_\_ Hebrew: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Hebrew: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Hebrew: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Do they attend Hebrew/Day School? \_\_\_\_\_ Where? \_\_\_\_\_

### 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 \_\_\_ Sisterhood \_\_\_ Ritual \_\_\_ Membership \_\_\_ Fundraising \_\_\_ Adult Education \_\_\_  
Social Action \_\_\_ Adult Programming \_\_\_

I/We heard about Adat Chaim through: \_\_\_ word of mouth \_\_\_ newspaper \_\_\_ website \_\_\_ Facebook  
\_\_\_ Member

Signature: \_\_\_\_\_ Date: \_\_\_\_\_