

Adat Chaim Membership Registration

Membership Year is January 1st to December 31st

Name _____

Address _____ Home Phone _____

E Mail _____ Cell Phone _____

Circle your selection

35 to 69 70 and over

Individual \$800.00 \$600.00
(includes one High Holy Day seat)

Family \$1600.00 \$1200.00
(includes two High Holy Day seats)

Payment Method

____ Check (made payable to Adat Chaim)

____ credit card: Master Card ____ Visa ____

Name: _____

Number: _____

Expiration Date (month/year): _____

Security code from the back _____

Signature _____

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

Payment plans are available:

___ 1. Payment in full by January 31, 2019 by check

___ 2. Payment in 8 monthly payments by August 30, 2019 by check

___ 2. Payment in 4 quarterly payments over 12 months by December 20, 2019 by check

___ 3. Payment in 12 equal monthly payments by December 20, 2019 by check of \$_____

___ 5. I would like to use a credit card. **There will be 4% fee when using a credit card.**

___ 4. I need to make other arrangements. [Please call the shul office and leave a message for the Finance committee.]

I/We accept membership in Adat Chaim (AC) and agree to pay all annual financial obligations of membership and fees within that calendar year and agree to make payments in accordance with the dates and amounts set forth in this 2019 schedule of fees.

Signature: _____ Date: _____

Signature: _____ Date: _____

Office use: Recv'd by _____ recv'd date _____ check # _____ amt \$ _____

2019

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: _____

Previous Shul: _____

Wedding Date: _____

Children (under 25 and living with you)

Name: _____ Hebrew: _____ Birthdate: _____

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 School _____ Ritual _____ Membership _____ Fundraising _____ Adult Education _____
Social Action _____ Adult Programming _____

I/We heard about Adat Chaim through word of mouth, newspaper, website, facebook, etc.

Signature: _____ Date: _____

2019