

FOR OFFICE USE  
MEMBER NUMBER

APPLICATION FOR MEMBERSHIP IN  
**AHAVATH TORAH CONGREGATION**

1179 CENTRAL STREET  
STOUGHTON, MA 02072-4499

I hereby make application for membership in Ahavath Torah Congregation, and agree to uphold its constitution and by-laws. I intend to participate in Synagogue activities as much as possible and I will endeavor to conduct my personal affairs in accordance with the practices of Conservative Judaism, and the highest criteria of Jewish loyalty. I submit the following personal data. (All information is kept confidential.)

1. FAMILY INFORMATION

Family Surname: \_\_\_\_\_

Residence Street \_\_\_\_\_

Apt. No. \_\_\_\_\_

Telephone \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

Marital Status \_\_\_\_\_

MALE MEMBER

FEMALE MEMBER

First Name \_\_\_\_\_

First Name \_\_\_\_\_

Nickname \_\_\_\_\_

Nickname \_\_\_\_\_

Birthdate \_\_\_\_\_

Birthdate \_\_\_\_\_

Date of Marriage \_\_\_\_\_

Maiden Name \_\_\_\_\_

List others in Household (grandparents, married children, etc.) and relationship

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JEWISH EDUCATION: HIGHEST LEVEL ACHIEVED

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Was Mother of Jewish Faith? \_\_\_\_\_

Was Mother of Jewish Faith? \_\_\_\_\_

If not, did you convert to Judaism? \_\_\_\_\_

If not, did you convert to Judaism? \_\_\_\_\_

Were children converted to Jewish Faith? \_\_\_\_\_

Converting Rabbi's Name: \_\_\_\_\_

Had you been previously married? \_\_\_\_\_

Had you been previously married? \_\_\_\_\_

2. CHILDREN: (Please list additional children on last page)

English First Name	Nickname	Age	Hebrew Name (In English)	Birthdate	School/Married (Give Married Name)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Will your children be educated at our Religious School? \_\_\_\_\_

3. YAHRZEITS: (Please add additional information on last page)

Name of Deceased	Relationship (And to Whom)	Date of Death	
		English Date	Time (a.m. or p.m.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. ALIYAH INFORMATION:

KOHEN \_\_\_\_\_ LEVI \_\_\_\_\_ YISRAEL \_\_\_\_\_

HEBREW NAME (IN ENGLISH)

MALE MEMBER \_\_\_\_\_ FEMALE MEMBER \_\_\_\_\_

Son of - Father \_\_\_\_\_ Daughter of - Father \_\_\_\_\_

Mother \_\_\_\_\_ Mother \_\_\_\_\_

Can You Lead Service? \_\_\_\_\_ Can you lead Service? \_\_\_\_\_

Can You read Haftorah? \_\_\_\_\_ Can you read Haftorah? \_\_\_\_\_

5. AFFILIATION:

Are you related to an Ahavath Torah Congregation member? \_\_\_\_\_

If so, who? \_\_\_\_\_

Are you now a member of another synagogue? \_\_\_\_\_

If so, which one? \_\_\_\_\_

Have you previously been a member of another synagogue?

If so, which one? \_\_\_\_\_

6. OCCUPATION:

MALE MEMBER:

FEMALE MEMBER:

\_\_\_\_\_  
POSITION

\_\_\_\_\_  
POSITION

\_\_\_\_\_  
EMPLOYER

\_\_\_\_\_  
EMPLOYER

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
PHONE NUMBER

7. INTERESTS:

Please indicate below, activities in which Male (M) and Female (F) would be interested?

COMMITTEES    \_\_\_ Adult Education    \_\_\_ Education    \_\_\_ Family

      \_\_\_ Finance    \_\_\_ Fund Raising    \_\_\_ Membership

      \_\_\_ Ritual    \_\_\_ Social Action    \_\_\_ Youth    \_\_\_ House

8. WHAT ACTIVITIES HAVE YOU BEEN INVOLVED WITH IN THE PAST?

MALE MEMBER:

FEMALE MEMBER:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT OTHER PROGRAMS OR ACTIVITIES ARE YOU INTERESTED IN?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you interested in Memorial Plaques in our Synagogue? \_\_\_\_\_

Are you interested in being called to the Torah to recite blessings? \_\_\_\_\_

USE THE BELOW FOR ADDITIONAL INFORMATION FROM PREVIOUS PAGES:

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Signed \_\_\_\_\_ Date of Application \_\_\_\_\_

Residence \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

I understand that my email address will be subscribed to the ATC Members ListServ, and will only be used for communications from Ahavath Torah Congregation. It will never sold or given to anyone outside our congregation. I further understand that I may remove myself from the ListServ at any time by notifying the office at [office@atorah.org](mailto:office@atorah.org) or 781-344-8733.