

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

JEWISH EDUCATION: HIGHEST LEVEL ACHIEVED

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:

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 or 781-344-8733.