

**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: \_\_\_\_\_

\_\_\_\_\_

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

Telephone \_\_\_\_\_

\_\_\_\_\_

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