

Dear Prospective Member:

Thank you for expressing interest in becoming a member of Am HaTorah Congregation. Attached you will find a membership application. Members are included in future membership directories unless indicated otherwise on the application form. You are warmly welcomed and encouraged to attend services and all synagogue activities. A list of dates and time of services and events is posted on the synagogue website at [www.amhatorah.org](http://www.amhatorah.org).

Please mail the completed application for initial review to:

Rabbi Dovid Rosenbaum  
Am HaTorah Congregation  
6004 Kirby Road  
Bethesda, Maryland 20817

Please include with your application a check for one quarter of the annual dues. (In the unlikely event that your membership is not accepted, your check will be returned to you.) Once your application and check are received, your application will be reviewed by the Rabbi. If he has any questions, he will get in touch with you directly. Otherwise he will forward your application to the Executive Committee after removing the confidential page. All applications are subject to final approval by the Executive Committee.

Annual dues are as follows:

Sustaining Membership	\$2,000
Family Membership	\$1,500
Individual Membership	\$750
Associate* and Youth** Memberships	Half of above

\* Intended principally for those who also are members of another synagogue

\*\* Individual 25 years of age or under or family in which eldest member is 25 years of age or under

Sincerely,

Julian Spirer  
President

# Am HaTorah Congregation

6004 Kirby Road, Bethesda, MD 20817  
Information: (301) 263-2853 or (301) 229-5246  
E-Mail: AmHaTorah@aol.com \* Web Page: www.amhatorah.org

## MEMBERSHIP INFORMATION

Please answer all questions as fully as possible. Transliterate all Hebrew names and dates please.

Today's Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Spouse's Name (last name if different from applicant's) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_ (Home)

Fax ( ) \_\_\_\_\_ (Home)

### Membership Status

Sustaining ( ) Family ( ) Individual ( ) Youth \* ( ) Associate\*\*( )

\* Individual 25 years of age or under or family in which eldest member is 25 years of age or under

\*\* Intended principally for those who also are members of another synagogue

### Family Data

Marital Status: Married \_\_\_ Date of Marriage \_\_\_\_\_ Single \_\_\_ Widowed \_\_\_ Divorced \_\_\_

### Children

Name	Sex	Date of Birth	Bar/Bat Mitzvah Date	Religious School	Grade

<b>Parent Information (Transliterate Hebrew into English)</b>		
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	Father	
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	Applicant (Father's Name)	Spouse (Father's Name)
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Hebrew Name	
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English Name _____	_____
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	Mother	
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	Applicant (Mother's Name)	Spouse (Mother's Name)
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Hebrew Name	
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English Name _____	_____
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**Professional Information**

**Applicant:** Business Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

**Spouse:** Business Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

**Personal Data**

Applicant:

Hebrew Name \_\_\_\_\_ Birthday \_\_\_\_\_

Hebrew Name (Transliteration) \_\_\_\_\_

Kohen \_\_\_ Levi \_\_\_ Israel \_\_\_

**Spouse:**

Hebrew Name \_\_\_\_\_ Birthday \_\_\_\_\_

Hebrew Name (Transliteration) \_\_\_\_\_

Kohen \_\_\_ Levi \_\_\_ Israel \_\_\_

**Yahrzeit Information** (This information will allow us to send out annual reminders)

(for additional entries please attach a separate sheet containing the following information)

**Applicant:**

Name \_\_\_\_\_ Date of Death: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Hebrew Name \_\_\_\_\_ Transliteration \_\_\_\_\_

Relationship to you \_\_\_\_\_

Name \_\_\_\_\_ Date of Death: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Hebrew Name \_\_\_\_\_ Transliteration \_\_\_\_\_

Relationship to you \_\_\_\_\_

**Spouse:**

Name \_\_\_\_\_ Date of Death: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Hebrew Name \_\_\_\_\_ Transliteration \_\_\_\_\_

Relationship to you \_\_\_\_\_

Name \_\_\_\_\_ Date of Death: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Hebrew Name \_\_\_\_\_ Transliteration \_\_\_\_\_

Relationship to you \_\_\_\_\_

**Confidential Information (Rabbi's Use Only)**

For the following questions, please note that family includes you (applicant), spouse, unmarried children, parents, and grandparents. In the event that the answer to Question 1 is no, or the answer to any of Questions 2-4 is yes, we ask that you provide relevant details and attach appropriate documentation to the application. If you have any questions, please contact the Rabbi.

- 1. To the best of your knowledge, were all members of your family born Jewish according to traditional Jewish law? If not, please explain (unless otherwise covered by any of the questions below).

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- 2. Have there been any conversions in your family? \_\_\_\_\_

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- 3. Have there been any adoptions in your family? \_\_\_\_\_

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- 4. Have there been any divorces in your family? \_\_\_\_\_

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**Synagogue Activities** (Please indicate which activities interest you)

- |   |                           |
|---|---------------------------|
| 1. Administrative _____                   | 8. Eruv development _____ |
| 2. Building and Grounds _____             | 9. Hospitality _____      |
| 3. Communications _____                   | 10. Fundraising _____     |
| 4. Chesed (community involvement) _____   | 11. Website _____         |
| 5. Bikkur Holim (visiting the sick) _____ |                           |
| 6. Youth _____                            |                           |
| 7. Adult Education _____                  |                           |

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

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

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

<i>For Office</i>	
Executive Committee Approved ____	Rabbi Approved ____

**Directory Information**

**APPLICANT**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) ( \_\_\_\_ ) \_\_\_\_\_

(business) ( \_\_\_\_ ) \_\_\_\_\_

(fax) ( \_\_\_\_ ) \_\_\_\_\_

(email) \_\_\_\_\_@\_\_\_\_\_

**SPOUSE**

Name \_\_\_\_\_ (last name if different from applicant's)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) ( \_\_\_\_ ) \_\_\_\_\_

(business) ( \_\_\_\_ ) \_\_\_\_\_

(fax) ( \_\_\_\_ ) \_\_\_\_\_

(email) \_\_\_\_\_@\_\_\_\_\_

Please indicate what specific items you do NOT want listed in the directory \_\_\_\_\_

\_\_\_\_\_