

**NEW MEMBERSHIP FORM**

*This membership form has been carefully designed to provide information that will help us to be sensitive to the needs of our members. Having complete information will allow us to better serve you at various times (e.g. family celebrations, illness and death, etc.). All information is for internal Congregation Toras Chaim use only. Please take the time to provide all the requested data.*

**STEP ONE: INFORMATION ABOUT YOU**

Date \_\_\_\_\_ Last Name (as you want it to appear in our roster) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

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

Marital Status:  Married (mth/day/yr) \_\_\_\_\_  Single  Widowed  Divorced  Separated

Emergency Contact \_\_\_\_\_ Tel \_\_\_\_\_

Relationship \_\_\_\_\_

**STEP TWO: INFORMATION ABOUT EACH MEMBER**

\_\_\_\_\_  
Name Nickname

\_\_\_\_\_  
Title (Dr., Mr., etc.)

\_\_\_\_\_  
Date of Birth (mth/day/yr) Birthplace

\_\_\_\_\_  
Occupation Specialty

I am employed:  Full Time  Part Time

\_\_\_\_\_  
Company/Employer Name

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

\_\_\_\_\_  
Business Phone Mobile Phone

\_\_\_\_\_  
Email Address(es): Personal and/or Business

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

\_\_\_\_\_  
Father's H.N. Mother's H.N.

I am a:  Cohen  Levite  Israelite

\_\_\_\_\_  
Spouse Name Nickname

\_\_\_\_\_  
Title (Dr., Mr., etc.)

\_\_\_\_\_  
Date of Birth (mth/day/yr) Birthplace

\_\_\_\_\_  
Occupation Specialty

I am employed:  Full Time  Part Time

\_\_\_\_\_  
Company/Employer Name

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

\_\_\_\_\_  
Business Phone Mobile Phone

\_\_\_\_\_  
Email Address(es): Personal and/or Business

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

\_\_\_\_\_  
Father's H.N. Mother's H.N.

I am a:  Cohen  Levite  Israelite

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**STEP THREE: INFORMATION ABOUT YOUR CHILDREN**

<b>Name</b>	<b>Hebrew Name</b>	<b>Sex</b>	<b>Birthdate</b>	<b>Grade</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**STEP FOUR: INFORMATION ABOUT PREVIOUS / CURRENT AFFILIATIONS**

Please list previous congregational affiliations \_\_\_\_\_

Please list current memberships in other congregations \_\_\_\_\_

Please list current memberships in other Jewish organizations \_\_\_\_\_

**If applicant, spouse, or children have converted to Judaism please attach copies of conversion documents.**

**STEP FIVE: INFORMATION ABOUT DECEASED FOR YAHRZEIT RECORDS**

<b>Name</b>	<b>Relationship</b>	<b>To Whom</b>	<b>Jewish Date of Death (mth/day/yr)</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**STEP SIX: MEMBERSHIP COMMITMENT**

**Family/Individual Membership (Jan-Dec)**  \$1200

**Associate Membership (Jan-Dec)**  \$360

**STEP SEVEN: AGREEMENT AND SIGNATURE**

THE BY-LAWS OF CONGREGATION TORAS CHAIM ARE INCORPORATED HEREIN BY REFERENCE FOR ALL PURPOSES, AND I UNDERSTAND THAT I MAY RECEIVE A COPY OF SUCH BY-LAWS UPON MY REQUEST. I HEREBY AGREE TO ABIDE AND BE BOUND BY THE BY-LAWS OF CONGREGATION TORAS CHAIM AS A MEMBER OR ASSOCIATE, AND I SPECIFICALLY AGREE TO ABIDE AND BE BOUND BY SECTION 4 OF ARTICLE XXIII OF SUCH BY-LAWS, ENTITLED "BINDING ARBITRATION." I UNDERSTAND THAT BY MAKING THIS AGREEMENT, I AM WAIVING MY RIGHT TO A JURY TRIAL AND WAIVING MY RIGHT TO ADJUDICATE ANY DISPUTES, CLAIMS, OR CONTROVERSIES ARISING OUT OF, CONCERNING, OR RELATING IN ANY WAY TO THE CONGREGATION, IN ANY FORUM OTHER THAN THE FINAL, BINDING, AND CONCLUSIVE ARBITRATION SET FORTH IN SAID ARTICLE XXIII OF THE BY-LAWS.

AGREED:

\_\_\_\_\_ Date \_\_\_\_\_  
Member or Associate

\_\_\_\_\_ Date \_\_\_\_\_  
Spouse