

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 (month/day/year) _____ Single Widowed Divorced Separated
Emergency Contact _____ Tel _____
Relationship _____

STEP TWO: INFORMATION ABOUT EACH MEMBER

Name Nickname

Title (Mr., Dr., Rabbi, etc.)

Date of Birth (month/day/year) 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 (Mrs., Dr., etc.)

Date of Birth (month/day/year) 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

Name	Hebrew Name	Gender	Birthdate	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Name	Relationship	To Whom	Jewish Date of Death (month/day/year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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STEP SIX: MEMBERSHIP COMMITMENT

Family / Individual Memberships

\$700 Minimum

\$1500 Partner

\$1800 Benefactor

\$2500 Underwriter

\$5000 Eitz Chaim

\$____ Other

Associate Membership

\$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