



Congregation Am Chai Membership Form

Items with an asterisk (*) are required

When you click on the Send button below, your information will be emailed to the Congregation Membership Chairperson who will contact you as soon as possible.

NOTE: Please enter all dates as month/day/year (mm/dd/yyyy)

First Name of Member: * Last Name of Member: *
 Member Birthday

Name of Additional Member (if needed, such as spouse with different surname)

First Last
 Birthdate

Address (Street): * City: *
 State: * Zip Code: *

Home Phone: * (with area code) (###-###-####) -- Work Phone: (with area code) (###-###-####) --

Email address: * Anniversary Date (if married):

Tribes: How did you hear about Am Chai?

Please list the names and birthdates of your household members below

Name	Relationship	Birthdate
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(Include last name if different than Member's)

(wife, husband, son, etc.)

1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please list Yahrzeit below Name

Relationship Date

	Name	Relationship	Date
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>

Membership type: *

Single \$225 

All interfaith couples are welcome at the Single rate