



## Congregation Am Chai Membership Form

Items with an asterisk (\*) are required

Send your information to the Congregation Membership Chairperson.

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

Name of Member:\*

First  Last: \*  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):

Tribe:  How did you hear about Am Chai?

Please list the names and birthdates of your household members below

Name	Relationship	Birthdate
(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
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"/>

Membership type: \* Single Family Senior

All interfaith couples are welcome at the Single rate