

# Congregation Agudath Achim - 9 Lee Boulevard Savannah, GA 31405

Please update this vital information and mail or fax to 352-3477

TYPE OF MEMBERSHIP REQUESTED – Please Check One

FAMILY  SINGLE  \*\*ASSOCIATE

## MALE HEAD OF HOUSEHOLD

## FEMALE HEAD OF HOUSEHOLD

First & Last Name: \_\_\_\_\_

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Business Telephone :(\_\_\_\_)\_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

\_\_\_\_\_

Father's Hebrew Name: \_\_\_\_\_

\_\_\_\_\_

Father's English Name: \_\_\_\_\_

\_\_\_\_\_

Mother's Hebrew Name: \_\_\_\_\_

\_\_\_\_\_

Mother's English Name: \_\_\_\_\_

\_\_\_\_\_

Please Circle One: Cohen    Levi    Israel

Please Circle One: Cohen    Levi    Israel

Do you read Hebrew? \_\_\_\_\_

Do you read Hebrew? \_\_\_\_\_

Please indicate the parts of the service that you can lead: \_\_\_\_\_

Please Indicate parts of the service that you can lead: \_\_\_\_\_

Date of Bar Mitzvah: \_\_\_\_\_

Date of Bat Mitzvah: \_\_\_\_\_

Wedding Anniversary: \_\_\_\_\_

Yahrzeits: (English Date with year / First & Last Name)

Yahrzeits: (English Date with year / First & Last Name)

Mother: \_\_\_\_\_

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Father: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Prior Synagogue affiliation and location: \_\_\_\_\_

Name of Rabbi: \_\_\_\_\_

\* Current Synagogue Affiliation: \_\_\_\_\_

**\*\* (ASSOCIATE MUST HAVE FULL MEMBERSHIP IN ANOTHER LOCAL CONGREGATION WITH DUES AT LEAST EQUAL TO OUR DUES OR LIVE AT LEAST 50 MILES FROM SAVANNAH)**

(CONTINUED ON BACK)

