



ק"ק אהבת תורה
Woodside Synagogue Ahavas Torah
9001 Georgia Avenue
Silver Spring, MD 20910

Membership Application

Application for (circle one): Member(s) or Associate(s)

Name (please include title, e.g. Mr./Mrs./Ms./Rabbi/Dr./etc.):	Spouse's Name (again, please include title):
Date of Birth:	Spouse's Date of Birth:
Address:	
Home Telephone Number:	
E-mail Address:	Spouse's E-mail Address:

Please provide all Hebrew names requested below in "פלוני בן פלוני" format:

(Examples: אֱלֶעזֶר בֶּן אֶהֱרָן הַכֹּהֵן ; Moshe Ben Amram Halevi):

Hebrew Name:	Spouse's Hebrew Name:
Father's Hebrew Name:	Spouse's Father's Hebrew Name:
Mother's Hebrew Name:	Spouse's Mother's Hebrew Name:

Children:

Name	Hebrew Name	Date of Birth

Memorial Anniversaries (Yahrtzeits):

Relationship of Deceased to Applicant or Spouse	Hebrew Date of Death

I (we) hereby apply for membership in Woodside Synagogue and agree to abide by the rules and bylaws of the shul.

Date:	Signature(s):

Once completed, please return this application to the Vice President for Membership, Woodside Synagogue Ahavas Torah, 9001 Georgia Avenue, Silver Spring, MD 20910, with the following:

- o *A check for \$50.00 to be applied as partial payment toward membership dues.*
- o *A photograph of the applicant(s).*

Please note:

- o *Applicants for membership should introduce themselves to the Rabbi so he may approve the application.*
- o *Once the Rabbi approves an application, it will be presented to the shul board for approval.*
- o *Upon the board's approval of an application, the membership is effectively immediately. A letter of welcome and membership directory will be mailed to the new member(s) as soon as possible afterward.*

*Thank you for your interest in joining Woodside Synagogue Ahavas Torah.
You will be contacted regarding your application once it is received.*

Woodside Synagogue Ahavas Torah Membership Application, Continued

Name(s) of Applicant and Spouse:

The following information is respectfully requested exclusively for the Rabbi's confidential examination.

This page will be retained by the Rabbi. No one else in the Synagogue (except possibly the Vice President of Membership, in the course of conveying this application to the Rabbi) will see this information.

Please indicate "N/A" for questions which are not applicable.

If the applicant and/or spouse is a convert, please provide the date of conversion and the name of the officiating Rabbi/beis din:

If the applicant and/or spouse was previously married, please indicate so here: