בס״ד

ק״ק אהבת תורה

Woodside Synagogue Ahavas Torah
9001 Georgia Avenue
Silver Spring, MD 20910

Membership Application

Name Applicant (Include Title):	Spouse Name (if applicable. Include Title):
Date of Birth:	Spouse's Date of Birth:
Mobile Phone Number:	Spouse's Mobile Phone Number:
Email Address:	Spouse's Email Address:
Street Address:	
Home Phone Number (if applicable):	

Please provide all Hebrew names requested below in "פלוני בן פלוני" format:
(Examples: אלעזר בן אהרן הכהן ; 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 (if Applicable)

Name	Hebrew Name	Date of Birth

Memorial Anniversaries (Yahrtzeits):

Relationship of Deceased to Applicant or Spouse	**Hebrew Date of Death**

Membership Type

- ☐ **Family / Couple** $1,800/year (or $150/month)
- ☐ **Single:** $900/year (or $75/month)
- ☐ **Young Married (at least one spouse under 35, max 3 years):** $1,200/year (or $100/month)
- ☐ **Young Single (age 35 or younger, max 3 years):** $600/year (or $50/month)
- ☐ **Full-Time Student:** $300/year (or $25/month)
- ☐ **Local Associate:** $300/year (or $25/month)
- ☐ **Non-Local Associate:** $90/year (or $7.50/month)

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

Date:	Signature(s):

Financial Accommodations:

We recognize that financial circumstances vary. Our priority has always been our members and Woodside Synagogue will never turn someone away for financial reasons. If these membership costs represent a hardship, please reach out to us at treasurer@wsat.org. All inquiries are handled with strict confidentiality.

Once completed, please return this application (including next page) via USPS to the Vice President for Membership, Woodside Synagogue Ahavas Torah, 9001 Georgia Avenue, Silver Spring, MD, 20910

Please note: Applicants for membership should introduce themselves to the Rabbi so he may approve the application. Once the Rabbi approves an application, it will be presented to the shul board for approval. Upon the board's approval of an application, the membership is effective 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: