

# Congregation Adata Israel

## Membership Application

Current Street Address:

City:

State:

Zip Code:

Marital Status (Single/Married/Partner)

Were you ever a member of Congregation Adata Israel (Y/N): \_\_\_\_

	ADULT 1	ADULT 2
<b>Name (First, Last)</b>		
<b>Phone</b>	Preferred-	Preferred-
	Secondary-	Secondary-
<b>Winter Address (if applicable)</b>		
<b>Email Address</b>		
<b>Date of Birth</b>		
<b>Occupation</b>		
<b>Hebrew Name (If Known/Applicable)</b>		

CHILDREN			
Name	Hebrew Name	Date of Birth	Grade

<b>Yahrzeits</b>			
<b>Name of Deceased</b>	<b>Relationship</b>	<b>Hebrew Name</b>	<b>Date of Death Before/After Sunset (Y/N)</b>

<b>Special Interests or Skills</b>	
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<b>Relatives who are CAI members:</b>	
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**MEMBERSHIP DIRECTORY /SOCIAL MEDIA OPT-OUTS**

[    ] By checking this box, I/we DO NOT WANT to include my/our contact information in a membership directory which is to be use by CAI members for PERSONAL USE ONLY.

[    ] By checking this box, I/we DO NOT WANT personal photos to appear on websites or social media.

**AGREEMENT**

I/We hereby apply for membership to Congregation Adath Israel, Middletown, CT. I/We agree that in addition to paying annual dues, we agree to comply with the provisions of the by-laws of Congregation Adath Israel and all present and future resolutions duly enacted by the Congregation and the Board of Directors.

A full payment in the amount of no \$180 should accompany this application

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Signature/Date

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Signature/Date