

FAMILY LAST NAME: _____

CSAIR Membership Application

Eligibility: Membership in the Conservative Synagogue Adath Israel of Riverdale is open to any adult (18 years and older) of the Jewish faith. Members of the same household can participate in the activities of CSAIR according to their needs.

Application: By completing this application, you agree to abide to the bylaws, rules and regulations of CSAIR. Benefits, including number of High Holiday seats, are available according to the level of membership. Application for membership in CSAIR is subject to the approval of the Board of Trustees. The CSAIR family information form must accompany the application.

Dues:

1. CSAIR is a congregation that is diverse in all aspects, including financial means. No one is denied membership based on ability to pay.
2. CSAIR dues are assessed yearly and are payable either in one single payment or in an agreed to plan with the President or Executive Director.
3. Synagogue dues are not usually tax-deductible. Please consult your own accountant or attorney.
4. Synagogue dues do not cover affiliate memberships or event fees, which are voluntary.

Building Fund:

1. A building fund assessment of \$1,000.00 per family is being made. This amount is payable over five years.
2. The building fund contribution is usually considered a tax-deductible. Consult your own accountant or attorney.

Benefits:

Family membership includes two tickets to the High Holiday services.
Individual membership includes one ticket to the High Holiday services.
Additional benefits are outlined in the attached letter.

Date of application: _____		Name of Applicant: _____	
Level of Membership: _____		Dues according to printed schedule: \$ _____	
Dues amount paid with this application: \$ _____		Agreed upon payment schedule: _____	
Building fund payment with this application: \$ _____		Agreed upon payment schedule: _____	
_____ Signature of Applicant		_____ Signature of Executive Director or Officer of the Board	
Please enclose a check payable to CSAIR or Conservative Synagogue Adath Israel of Riverdale . Payment made also be made by VISA or MASTERCARD.			

MEMBER INFORMATION

LAST NAME

TODAY'S DATE

	1. ADULT <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	2. ADULT <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
LAST NAME		
FIRST NAME, MIDDLE		
BIRTH DATE	MM/DD/YY	MM/DD/YY
TITLE PREFERRED	<input type="checkbox"/> DR. <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS <input type="checkbox"/> MS. OTHER: _____	<input type="checkbox"/> DR. <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS <input type="checkbox"/> MS. OTHER: _____
MARITAL STATUS	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED
RELIGION	<input type="checkbox"/> JEWISH BY: <input type="checkbox"/> BIRTH <input type="checkbox"/> CONVERSION <input type="checkbox"/> NOT JEWISH, RELIGION _____	<input type="checkbox"/> JEWISH BY: <input type="checkbox"/> BIRTH <input type="checkbox"/> CONVERSION <input type="checkbox"/> NOT JEWISH, RELIGION _____
YOUR HEBREW NAME	_____ <input type="checkbox"/> KOHEN <input type="checkbox"/> LEVI <input type="checkbox"/> YISRAEL	_____ <input type="checkbox"/> KOHEN <input type="checkbox"/> LEVI <input type="checkbox"/> YISRAEL
MOTHER'S HEBREW NAME	_____ <input type="checkbox"/> KOHEN <input type="checkbox"/> LEVI <input type="checkbox"/> YISRAEL	_____ <input type="checkbox"/> KOHEN <input type="checkbox"/> LEVI <input type="checkbox"/> YISRAEL
FATHER'S HEBREW NAME	_____ <input type="checkbox"/> KOHEN <input type="checkbox"/> LEVI <input type="checkbox"/> YISRAEL	_____ <input type="checkbox"/> KOHEN <input type="checkbox"/> LEVI <input type="checkbox"/> YISRAEL
CURRENT HOME/ PRIMARY ADDRESS CITY, STATE, ZIP	_____ _____ _____, ZIP _____	_____ _____ _____, ZIP _____
HOME: PHONE	PH: _____	PH: _____
FAX	FAX: _____	FAX: _____
E-MAIL	E-MAIL: _____ @ _____	E-MAIL: _____ @ _____
CELL	CELL: _____	CELL: _____
2ND OR SUMMER HOME ADDRESS CITY, STATE, ZIP PHONE	_____ _____, ZIP _____ (AREA CODE) _____	_____ _____, ZIP _____ (AREA CODE) _____
DATES AT 2 ND HOME	FROM _____ TO _____	FROM _____ TO _____
OCCUPATION	PROFESSION _____ <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> RETIRED TITLE: _____ BUS. ADDRESS: _____ _____ BUS. PHONE: _____ E-MAIL: _____	PROFESSION _____ <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> RETIRED TITLE: _____ BUS. ADDRESS: _____ _____ BUS. PHONE: _____ E-MAIL: _____
PRIOR SYNAGOGUE AFFILIATIONS	NAME(S): _____ CITY _____ YEARS: _____	NAME(S): _____ CITY _____ YEARS: _____
SPECIAL SKILLS, HOBBIES, INTERESTS		
EMERGENCY CONTACT:	NAME: _____ PHONE: _____ RELATION: _____ ADDRESS: _____	NAME: _____ PHONE: _____ RELATION: _____ ADDRESS: _____

FAMILY LAST NAME: _____

NUMBER OF CHILDREN: _____

PLEASE COMPLETE THE FOLLOWING AS IT APPLIES TO EACH CHILD.

DATE COMPLETED _____

	CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5
CHILD'S FIRST NAME					
CHILD'S LAST NAME					
MIDDLE NAME					
TITLE, IF ANY PREFERRED, E.G. MS, DR. PROFESSOR, RABBI					
HEBREW NAME					
BIRTH DATE (MM/DD/YY)	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
SCHOOL/OTHER ADDRESS: INCLUDE COLLEGE NAME, CITY, STATE, ZIP					
PHONE					
E-MAIL					
RELIGIOUS SCHOOL HISTORY					
CURRENT SCHOOL OF OCCUPATION					
AREAS OF INTEREST, ACADEMIC STUDY, OR SPECIAL SKILLS/HOBBIES					
CURRENT GRADE/YEAR					
YOUTH & CAMP PROGRAM EXPERIENCE . . . E.G. USY, RAMAH, HILLEL					
MARITAL STATUS SPOUSE'S NAME					

Family Last Name: _____

Name of person completing form _____

Date Completed _____ Phone #: _____

Yahrzeit Information*

Deceased First Name (English)						
Last Name (English)						
Hebrew Name						
Secular calendar date of death						
Time of death: indicate AM or PM						
Before sunrise or after sunset						
Hebrew calendar date of death – after sunset						
Relationship of deceased to which member/s of the household, e.g. "Irene's father."						

* Please speak with the Rabbi if you have any questions.