



Congregation Am Chai Membership Form

Items with an asterisk (*) are required

Send your information to the Congregation Membership Chairperson.

NOTE: Please enter all dates as month/day/year (mm/dd/yyyy)

Name of Member:*

First Last: * Member Birthday

Name of Additional Member (if needed, such as spouse with different surname)

First Last Birthdate

Address (Street):* City:* State:* Zip Code:*

Home Phone: * (with area code) (###-###-####) Work Phone: (with area code) (###-###-####)

Email address: * Anniversary Date (if married):

Tribe: How did you hear about Am Chai?

Please list the names and birthdates of your household members below

Name	Relationship	Birthdate
------	--------------	-----------

(Include last name if different than Member's)
(wife, husband, son, etc.)

1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>

Please list Yahrzeit below
Name

Relationship Date

1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>

Membership type: * Single Family Senior

All interfaith couples are welcome at the Single rate