



# Chizuk Amuno Congregation

8100 Stevenson Road • Baltimore, Maryland 21208

telephone 410/486-6400 • fax 410/486-4050 • e-mail info@chizukamuno.org • website www.chizukamuno.org

## Application For Affiliation

Last name, adult # 1 \_\_\_\_\_ First name, adult #1 \_\_\_\_\_

Last name, adult # 2 \_\_\_\_\_ First name, adult #2 \_\_\_\_\_

### Household information

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Wedding Anniversary (mm/dd/yr) \_\_\_\_\_

How did you become aware of Chizuk Amuno? \_\_\_\_\_

Why did you choose to join Chizuk Amuno? \_\_\_\_\_

In what ways can Chizuk Amuno fulfill your needs? \_\_\_\_\_

### High Holy Day Seating – Please rank according to your preference.

\_\_\_\_\_ Sanctuary Floor      \_\_\_\_\_ Sanctuary Balcony      \_\_\_\_\_ Krieger Auditorium      \_\_\_\_\_ Stulman Auditorium

For more information about our High Holy Day services, please call our Membership Coordinator at 410/486-6400.

I/We (the undersigned) agree to the stipulations set forth in the by-laws for granting affiliation at Chizuk Amuno Congregation, Baltimore, Maryland. I/We pledge to participate in Chizuk Amuno Congregation's Building Fund.\*

\_\_\_\_\_ We promise to pay the sum of \$2,000 to be paid over 10 years. (two adult household, age 31-36)

\_\_\_\_\_ We promise to pay the sum of \$2,000 to be paid over 5 years. (two adult household, age 37 and over)

\_\_\_\_\_ I promise to pay the sum of \$1,000 to be paid over 10 years. (one adult household, age 31-36)

\_\_\_\_\_ I promise to pay the sum of \$1,000 to be paid over 5 years. (one adult household, age 37 and over)

\*Building Fund payments are not required until the older affiliate reaches age 30.

**Signatures**      Adult #1 \_\_\_\_\_

(Required from      Adult #2 \_\_\_\_\_  
each adult)

**Print Names**      Adult #1 \_\_\_\_\_ date \_\_\_\_\_

Adult #2 \_\_\_\_\_ date \_\_\_\_\_

### FOR OFFICE USE ONLY

Batch Number	Date
Account Number Assigned	Transfer
Amount Received	
Building Fund Pledge	

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**Household adult #1**Please indicate     Mr.     Mrs.     Ms.     Dr.     Rabbi     Other

Last name \_\_\_\_\_ First name and middle initial \_\_\_\_\_

Informal name \_\_\_\_\_

E-mail \_\_\_\_\_ Cell phone \_\_\_\_\_

Birth date (mm/dd/yr) \_\_\_\_\_ Bar/Bat Mitzvah (mm/dd/yr) \_\_\_\_\_

Please indicate appropriate designation:     Kohen     Levi     Yisrael

Hebrew name \_\_\_\_\_ Hobbies/Interests \_\_\_\_\_

Father's Hebrew name \_\_\_\_\_

Mother's Hebrew name \_\_\_\_\_ On occasion, we may call upon your talents, if you are available, for shul projects.

*For assistance with Hebrew name(s), please call one of our rabbis at 410/486-6400.*

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**Business information adult #1**

Business name \_\_\_\_\_ Brief Description \_\_\_\_\_

Title \_\_\_\_\_ Brief Job Description \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Cell phone (if different than personal) \_\_\_\_\_ E-mail (if different than personal) \_\_\_\_\_

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**Household adult #2**Please indicate     Mr.     Mrs.     Ms.     Dr.     Rabbi     Other

Last name \_\_\_\_\_ First name and middle initial \_\_\_\_\_

Informal name \_\_\_\_\_

E-mail \_\_\_\_\_ Cell phone \_\_\_\_\_

Birth date (mm/dd/yr) \_\_\_\_\_ Bar/Bat Mitzvah (mm/dd/yr) \_\_\_\_\_

Please indicate appropriate designation:     Kohen     Levi     Yisrael

Hebrew name \_\_\_\_\_ Hobbies/Interests \_\_\_\_\_

Father's Hebrew name \_\_\_\_\_

Mother's Hebrew name \_\_\_\_\_ On occasion, we may call upon your talents, if you are available, for shul projects.

*For assistance with Hebrew name(s), please call one of our rabbis at 410/486-6400.*

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**Business information adult #2**

Business name \_\_\_\_\_ Brief Description \_\_\_\_\_

Title \_\_\_\_\_ Brief Job Description \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Cell phone (if different than personal) \_\_\_\_\_ E-mail (if different than personal) \_\_\_\_\_

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**Winter/Summer address**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please notify the synagogue office of effective leave and return dates each season. \_

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## Children Living at Home and/or Enrolled in a Full Time Education Program

(Please use additional sheets and attach, if necessary.)

### Child 1

First name and middle initial \_\_\_\_\_

Hebrew name \_\_\_\_\_

Preferred name \_\_\_\_\_

Last name (if different from yours) \_\_\_\_\_

Phone (if different from yours) \_\_\_\_\_

E-mail \_\_\_\_\_

Birth date (mm/dd/yr) \_\_\_\_\_

Currently enrolled in: Preschool \_\_\_\_\_

Bar/Bat Mitzvah (mm/dd/yr) \_\_\_\_\_

Day School \_\_\_\_\_

Expected Bar/Bat Mitzvah (mm/dd/yr) \_\_\_\_\_

Rel. School \_\_\_\_\_

High School/College \_\_\_\_\_

### Child 2

First name and middle initial \_\_\_\_\_

Hebrew name \_\_\_\_\_

Preferred name \_\_\_\_\_

Last name (if different from yours) \_\_\_\_\_

Phone (if different from yours) \_\_\_\_\_

E-mail \_\_\_\_\_

Birth date (mm/dd/yr) \_\_\_\_\_

Currently enrolled in: Preschool \_\_\_\_\_

Bar/Bat Mitzvah (mm/dd/yr) \_\_\_\_\_

Day School \_\_\_\_\_

Expected Bar/Bat Mitzvah (mm/dd/yr) \_\_\_\_\_

Rel. School \_\_\_\_\_

High School/College \_\_\_\_\_

### Child 3

First name and middle initial \_\_\_\_\_

Hebrew name \_\_\_\_\_

Preferred name \_\_\_\_\_

Last name (if different from yours) \_\_\_\_\_

Phone (if different from yours) \_\_\_\_\_

E-mail \_\_\_\_\_

Birth date (mm/dd/yr) \_\_\_\_\_

Currently enrolled in: Preschool \_\_\_\_\_

Bar/Bat Mitzvah (mm/dd/yr) \_\_\_\_\_

Day School \_\_\_\_\_

Expected Bar/Bat Mitzvah (mm/dd/yr) \_\_\_\_\_

Rel. School \_\_\_\_\_

High School/College \_\_\_\_\_

### Child 4

First name and middle initial \_\_\_\_\_

Hebrew name \_\_\_\_\_

Preferred name \_\_\_\_\_

Last name (if different from yours) \_\_\_\_\_

Phone (if different from yours) \_\_\_\_\_

E-mail \_\_\_\_\_

Birth date (mm/dd/yr) \_\_\_\_\_

Currently enrolled in: Preschool \_\_\_\_\_

Bar/Bat Mitzvah (mm/dd/yr) \_\_\_\_\_

Day School \_\_\_\_\_

Expected Bar/Bat Mitzvah (mm/dd/yr) \_\_\_\_\_

Rel. School \_\_\_\_\_

High School/College \_\_\_\_\_

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**Adult children not living at home**

*(Please use additional sheets and attach, if necessary.)*

**Child 1**

First name \_\_\_\_\_ Spouse's name \_\_\_\_\_

Last name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth date (mm/dd/yr) \_\_\_\_\_

**Child 2**

First name \_\_\_\_\_ Spouse's name \_\_\_\_\_

Last name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth date (mm/dd/yr) \_\_\_\_\_

**Child 3**

First name \_\_\_\_\_ Spouse's name \_\_\_\_\_

Last name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth date (mm/dd/yr) \_\_\_\_\_

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**Yahrzeit Records**

*Please list all Yahrzeit records available.*

**Name in Hebrew and English / Relationship**

**Complete English date/Time of death  
or Complete Hebrew date**

*Avraham Itzhak ben Moshe Ha Cohen v'Esther Arthur Cohen / Husband's father*

*2/17/2008 in the AM*

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**Do you have relatives that are also members of Chizuk Amuno Congregation?**

*If yes, please list family name and relationship:*

<b>Name</b>	<b>Relationship</b>
_____	_____
_____	_____
_____	_____
_____	_____