



Chizuk Amuno Congregation

8100 Stevenson Road • Baltimore, Maryland 21208

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

If you have any questions, please contact our Executive Director, Glenn Easton, ext. 224, or geaston@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

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 each adult) Adult #2 _____

Print Names Adult #1 _____ date _____

Adult #2 _____ date _____

FOR OFFICE USE ONLY

Account No. _____ Board Update _____ Security _____

Demographics _____ Distribution _____ Bldg. Fund _____

Yahrzeit _____ E-Tapestry _____ USCJ _____

Seats _____ Dues _____ JTS _____ Mercaz _____

Household adult #1

Please indicate title: Mr. Mrs. Ms. Dr. Rabbi Other Gender: M F

Last name _____ First name _____

Informal name _____

E-mail _____ Cell phone _____

Please check here if you do not wish to receive our weekly e-mail newsletter.

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.

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) _____

Household adult #2

Please indicate title: Mr. Mrs. Ms. Dr. Rabbi Other Gender: M F

Last name _____ First name _____

Informal name _____

E-mail _____ Cell phone _____

Please check here if you do not wish to receive our weekly e-mail newsletter.

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.

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) _____

Winter/Summer address

Street _____ City _____ State _____ Zip _____

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

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 _____

Last name (if different from yours) _____

Preferred name _____

Hebrew name _____

Phone (if different from yours) _____

E-mail _____

Birth date (mm/dd/yr) _____ Gender: **M** **F**

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 _____

Last name (if different from yours) _____

Preferred name _____

Hebrew name _____

Phone (if different from yours) _____

E-mail _____

Birth date (mm/dd/yr) _____ Gender: **M** **F**

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 _____

Last name (if different from yours) _____

Preferred name _____

Hebrew name _____

Phone (if different from yours) _____

E-mail _____

Birth date (mm/dd/yr) _____ Gender: **M** **F**

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 _____

Last name (if different from yours) _____

Preferred name _____

Hebrew name _____

Phone (if different from yours) _____

E-mail _____

Birth date (mm/dd/yr) _____ Gender: **M** **F**

Currently enrolled in: Preschool _____

Bar/Bat Mitzvah (mm/dd/yr) _____

Day School _____

Expected Bar/Bat Mitzvah (mm/dd/yr) _____

Rel. School _____

High School/College _____

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) _____

Yahrzeit Records

If you would like to receive yahrzeit notifications, please list all yahrzeit records available. **Complete information is necessary** in order to be able to notify you. If you do not know the exact time of death, **PLEASE INDICATE IF IT WAS BEFORE OR AFTER SUNSET.**

Name in Hebrew	Name in English	Relationship	Complete date/Time of death or Complete Hebrew date
<i>Avraham David ben Moshe Ha Cohen v'Esther</i>	<i>Arthur Cohen</i>	<i>Father of</i>	<i>2/17/2008 at 10:30 a.m.</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

If yes, please list family name and relationship:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____