



Chizuk Amuno Congregation

8100 Stevenson Road • Baltimore, Maryland 21208

410-486-6400 • info@chizukamuno.org • www.chizukamuno.org • facebook.com/chizukamuno

If you have any questions, please contact our Director of Development & Engagement, Sarah Jacobs or sjacobs@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

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: _____

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 _____
Father's Hebrew Name _____ Mother's Hebrew Name _____

Hobbies/Interests _____

Are you interested in volunteering or serving on a committee? Yes No

Business information adult #1

Occupation _____ 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: _____

Last name _____ First name _____

Informal name _____

E-mail _____ Cell phone _____

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

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

Please indicate appropriate designation: Kohen Levi Yisrael

Hebrew name _____
Father's Hebrew Name _____ Mother's Hebrew Name _____

Hobbies/Interests _____

Are you interested in volunteering or serving on a committee? Yes No

Business information adult #2

Occupation _____ 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:**_____

Current Grade: Preschool_____

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

Day School_____

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

Religious School_____

High School/College _____

Projected Year of High School Graduation_____

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:**_____

Current Grade: Preschool_____

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

Day School_____

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

Religious School_____

High School/College _____

Projected Year of High School Graduation_____

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:**_____

Current Grade: Preschool_____

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

Day School_____

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

Religious School_____

High School/College _____

Projected Year of High School Graduation_____

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:**_____

Current Grade: Preschool_____

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

Day School_____

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

Religious School_____

High School/College _____

Projected Year of High School Graduation_____

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
_____	_____
_____	_____
_____	_____
_____	_____