



Congregation Ahavas Achim
84 Hastings Avenue
Keene, New Hampshire 03431

Congregation Ahavas Achim

84 Hastings Avenue, Keene, NH 03431
603-352-6747 www.keenesynagogue.org

Application for Membership

Member #1

Name _____
First Middle Last

Home Address: _____

City/State/Zip _____

Phone: _____ Alternate Phone: _____

Email: _____ Date of Birth: ___/___/___

Married __ Date: (___/___/___) Single__ Divorced__ Widowed__ Partner__

Hebrew Name: _____ Cohen/Levi/Yisrael? _____

Parent's Hebrew Names: Father _____

Mother _____

Religion: Jewish __ Other __

Member #2

Name _____
First Middle Last

Home Address: _____

City/State/Zip _____

Phone: _____ Alternate Phone: _____

Email: _____ Date of Birth: ___/___/___

Married __ Date: (___/___/___) Single__ Divorced__ Widowed__ Partner__

Hebrew Name: _____ Cohen/Levi/Yisrael? _____

Parent's Hebrew Names: Father _____

Mother _____

Religion: Jewish __ Other __

Dependent Children (include children in college)

Child #1

Full Name: _____

Hebrew Name: _____

Date of Birth: ___/___/___

Bar/Bat Mitzvah: yes___ no ___

Email: _____

Child #2

Full Name: _____

Hebrew Name: _____

Date of Birth: ___/___/___

Bar/Bat Mitzvah: yes___ no ___

Email: _____

Yahrzeit (anniversary of a death)

We will notify you every year of the anniversary of a relative's death. Please list relatives here. We can determine the Hebrew date based on the date and time of death.

1. Name of deceased _____

Relationship to Member _____

Date of Death ___/___/___ [] Before Sundown [] After Sundown Heb. Date _____

2. Name of deceased _____

Relationship to Member _____

Date of Death ___/___/___ [] Before Sundown [] After Sundown Heb. Date _____

3. Name of deceased _____

Relationship to Member _____

Date of Death ___/___/___ [] Before Sundown [] After Sundown Heb. Date _____

4. Name of deceased _____

Relationship to Member _____

Date of Death ___/___/___ [] Before Sundown [] After Sundown Heb. Date _____

(please copy page for additional names)

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August, 2018

Dear Prospective Member,

Welcome to Congregation Ahavas Achim. Your membership to Ahavas Achim supports our financial needs through dues, a building fund, and fees for specific uses such as our religious school.

No prospective member will be turned away for financial reasons. We encourage all potential or current members to discuss special financial arrangements for dues with synagogue President, Ronnie Brown at (240) 304-7803. All discussions and subsequent arrangements are confidential.

Dues and school costs are set by our Board of Trustees and are billed annually. Our fiscal year begins on September 1st and ends on August 31st. New members pay at half price for their first 12 months of membership. New members who join after November 1st can pay on a prorated basis.

Dues structure 2018/2019

Continuing Members

Special Rates for New Members

Family Dues	\$1975.00	\$987.50
Single Member	1320.00	660.00
Senior*	1320.00	660.00
Associate Member**	270.00	

*A senior family rate is available when any member of the family is over 65.

**A (non-voting) Associate Membership is available for supporters who live 50+ miles away.

Building Fund

The Congregation Ahavas Achim Building Fund is designed to maintain and continue the ongoing improvements of our facility.

New members' building fund contributions are computed using the self-assessment schedule below:

<u>Annual Family Gross Income</u>	<u>Total Assessment, Payable Over 5 Years</u>	<u>Annual Cost</u>
Up to:		
\$ 25,000	\$ 500	\$ 100
50,000	1,500	300
75,000	2,500	500
100,000	4,000	800
125,000	6,000	1200
150,000	8,000	1,600
Over 150,000	9,375	1,875

Other financial items of interest to new members

School fees:

One child	475
Additional children	350

Bar Mitzvah	540
Wedding	360
Cemetery Plot	1200

Non-member rates for services or any other questions of a financial nature may be discussed with our Treasurer, David Kochman, at 603-903-0357.

2018/2019 Congregation Ahavas Achim Dues Worksheet

(Please return this sheet with your membership application)

Name _____

Dues \$ _____

Self-Assessed Building Fund _____

Total for 2018/2019 \$ _____

Deduct 2% if paid in full during September, 2018

* Please enclose your check, or fill out the Visa/ MasterCard authorization below:

Name on Credit Card _____

Billing Address of Card _____

(City)

(St)

(Zip)

Phone Number (____) _____

Card Number _____

Exp. Date ____/____ Security Code _____

Total amount to be billed on credit card \$ _____

____ Process in one billing

____ Process in _____ billing cycles.

(up to twelve)

Authorization Signature _____

For questions on billing, or any financial matters, please contact our Treasurer, David Kochman, 603-903-0357.