



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

Preferred personal pronouns (please circle): He/Him She/Her They/Them Other

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: Parent 1 _____

Parent 2 _____

Religion: Jewish __ Other __

Member #2

Name _____
First Middle Last

Preferred personal pronouns (please circle): He/Him She/Her They/Them Other

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: Parent 1 _____

Parent 2 _____

Religion: Jewish __ Other __

Dependent Children (include children in college)

Child #1

Full Name: _____

Hebrew Name: _____

Preferred personal pronouns (please circle):
He/Him She/Her They/Them Other

Date of Birth: ____/____/____

Bar/Bat Mitzvah: yes___ no ___

Email: _____

Child #2

Full Name: _____

Hebrew Name: _____

Preferred personal pronouns (please circle):
He/Him She/Her They/Them Other

Date of Birth: ____/____/____

Bar/Bat Mitzvah: yes___ no ___

Email: _____

Child #3

Full Name: _____

Hebrew Name: _____

Preferred personal pronouns (please circle):
He/Him She/Her They/Them Other

Date of Birth: ____/____/____

Bar/Bat Mitzvah: yes___ no ___

Email: _____

Child #4

Full Name: _____

Hebrew Name: _____

Preferred personal pronouns (please circle):
He/Him She/Her They/Them Other

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 _____

5. Name of deceased _____

Relationship to Member _____

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

6. Name of deceased _____

Relationship to Member _____

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