



THE CHATHAM SYNAGOGUE
נתיבות תורה NETIVOT TORAH

MEMBERSHIP APPLICATION

Please fill out the membership application below, attach a check made out to The Chatham Synagogue and send to The Chatham Synagogue, Box 51, Chatham NY 12037. Thank you

FAMILY INFORMATION

Applicant

Last Name:	First Name:	Email:
Occupation:	Are You Jewish? <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Phone:

Co-Applicant

Last Name:	First Name:	Email:
Occupation:	Are You Jewish? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:

Children

Last Name:	First Name:	Birthdate:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Last Name:	First Name:	Birthdate:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Last Name:	First Name:	Birthdate:	<input type="checkbox"/> Female <input type="checkbox"/> Male

Would you be interested in enrolling your children in our Judaic School (ages 6-13)?

ADDRESS

Mailing (This will be listed first in our directory):

City:	State:	ZIP Code:
Other:		
City:	State:	ZIP Code:

INTERESTS

We are a volunteer organization and rely on our members to contribute their talents and time to the life of the synagogue and our community. This also enables us to keep our membership dues affordable. We encourage your participation in one or more of the following committees. Please indicate your interests by checking as many as you like.

Building <input type="checkbox"/>	Communications <input type="checkbox"/>	Interfaith Activities <input type="checkbox"/>	Programs <input type="checkbox"/>
Cemetery <input type="checkbox"/>	Development <input type="checkbox"/>	Judaic School <input type="checkbox"/>	Ritual <input type="checkbox"/>
Chesed <input type="checkbox"/>	Finance <input type="checkbox"/>	Membership <input type="checkbox"/>	Social Action <input type="checkbox"/>

Other interests you may have:

AGREEMENT

Type of Membership

The undersigned hereby applies for membership in The Chatham Synagogue/Netivot Torah, and certifies that the information given in this application is true.

Family Membership ☐ \$600/Year
Individual Membership ☐ \$375/Year

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

☐ I (We) have enclosed a check in the amount of \$ _____

Mail To
The Chatham Synagogue
P.O. Box 51
Chatham NY 12037