



MEMBERSHIP FORM

1st Member Name (first and last): _____

Hebrew name (if known): _____

2nd Member Name (first and last) _____

Hebrew Name (if known): _____

Hamptons Address:

Street: _____

Town/Zip: _____

Phone: (631) _____

Cell: () _____

Preferred E-Mail(s) _____

Other Address:

Street/Apt: _____

City/State/Zip: _____

Phone: () _____

Office: () _____ Fax: () _____

I'd like to learn or improve my knowledge of the following (e.g., chant Haftarah, Torah, High Holy Day Torah, Book of Ruth, Lamentations; to do an Aliyah, read Hebrew, recite Kiddush, motzi or birkat haMazon, put on tallit and/or tefillin): _____

I'm willing to help teach the following: _____

Here's how I'd most like to help:

- | | | | |
|--------------------------------------|---|---|--|
| <input type="checkbox"/> Programming | <input type="checkbox"/> Kiddush | <input type="checkbox"/> Friday night dinners | <input type="checkbox"/> HH setup and planning |
| <input type="checkbox"/> Outreach | <input type="checkbox"/> PR/Advertising | <input type="checkbox"/> Fund Raising/Future | <input type="checkbox"/> Administrative |

Other expertise or skills I'd like to offer to the CSH community: _____

Membership Dues:

- | | |
|---|--|
| <input type="checkbox"/> Tzedakah Membership \$3600 | <input type="checkbox"/> Family Membership \$975 |
| <input type="checkbox"/> Chai membership \$1800 | <input type="checkbox"/> Individual/Single Parent \$550 |
| <input type="checkbox"/> Bar/Bat Mitzvah Membership \$1300 | <input type="checkbox"/> Friends of CSH \$250** |
- TOTAL ENCLOSED: \$** _____

Membership runs from January 1 until December 31.

If special financial arrangements are necessary, please contact Rabbi Jan Uhrbach or CSH President Stacy Menzer.

** Friends of CSH is available only to those who do not live or regularly rent in the Hamptons, and does not include High Holy Day seats.

Please send your completed form and check, payable to
The Conservative Synagogue of the Hamptons, to: CSH, PO Box 1196, Bridgehampton, NY 11932.

[NOTE: PLEASE FILL IN PAGE 2]

Simchas (Joyful Occasions):

Member 1: _____ Birth Date: _____

Member 2: _____ Birth Date: _____

Anniversary (if applicable): _____

Children living at home:

Child 1: _____ Birth Date: _____

Child 2: _____ Birth Date: _____

Child 3: _____ Birth Date: _____

Other *simchas* you are anticipating this year (e.g., b'nei mitzvah, graduation, retirement):

Yarzheits:

1. English Name: _____ Relationship: _____

Hebrew Name (if known): _____

Hebrew Date of Death (if known): _____

English Date of Death (include year): _____ After sunset? _____

2. English Name: _____ Relationship: _____

Hebrew Name (if known): _____

Hebrew Date of Death (if known): _____

English Date of Death (include year): _____ After sunset? _____

3. English Name: _____ Relationship: _____

Hebrew Name (if known): _____

Hebrew Date of Death (if known): _____

English Date of Death (include year): _____ After sunset? _____

4. English Name: _____ Relationship: _____

Hebrew Name (if known): _____

Hebrew Date of Death (if known): _____

English Date of Death (include year): _____ After sunset? _____

Emergency Contact:

Name: _____ Relationship: _____

Phone Numbers: _____ (home) _____ (work)

_____ (cell) _____ (other)

Email: _____