



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: () _____ Office: () _____ Fax: () _____

Preferred E-Mail(s) _____

Other Address:

Street/Apt: _____

City/State/Zip: _____

Phone: () _____

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:

- Programming Kiddush Friday night dinners HH setup and planning
- Outreach PR/Advertising Fund Raising/Future Administrative

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

Membership Dues:

- | | |
|---|--|
| <input type="checkbox"/> Chesed \$7200 | <input type="checkbox"/> Family (2 adult) \$1350 |
| <input type="checkbox"/> Tzedek \$5400 | <input type="checkbox"/> Individual/Single Parent \$750 |
| <input type="checkbox"/> Yesod \$3600 | <input type="checkbox"/> Friends of CSH \$250** |
| <input type="checkbox"/> Chai \$1800 | TOTAL ENCLOSED: \$ _____ |

Membership runs from January 1 until December 31.

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

** Available only to those who do not live or regularly rent in the Hamptons; does not include High Holy Days.

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: _____