

FAMILY LAST NAME: _____

CSAIR Membership Application

Eligibility: Membership in the Conservative Synagogue Adath Israel of Riverdale is open to any adult (18 years and older) of the Jewish faith. Members of the same household can participate in the activities of CSAIR according to their needs.

Application: By completing this application, you agree to abide to the bylaws, rules and regulations of CSAIR. Benefits, including number of High Holiday seats, are available according to the level of membership. Application for membership in CSAIR is subject to the approval of the Board of Trustees. The CSAIR family information form must accompany the application.

Dues:

1. CSAIR is a congregation that is diverse in all aspects, including financial means. No one is denied membership based on ability to pay.
2. CSAIR dues are assessed yearly and are payable either in one single payment or in an agreed to plan with the President or Executive Director.
3. Synagogue dues are not usually tax-deductible. Please consult your own accountant or attorney.
4. Synagogue dues do not cover affiliate memberships or event fees, which are voluntary.

Building Fund:

1. A building fund assessment of \$1,000.00 per family is being made. This amount is payable over five years.
2. The building fund contribution is usually considered a tax-deductible. Consult your own accountant or attorney.

Benefits:

Family membership includes two tickets to the High Holiday services.
Individual membership includes one ticket to the High Holiday services.
Additional benefits are outlined in the attached letter.

Date of application: _____ Name of Applicant: _____

Level of Membership: _____ Dues according to printed schedule: \$ _____

Dues amount paid with this application: \$ _____

Agreed upon payment schedule:

Building fund payment with this application: \$ _____

Agreed upon payment schedule:

Signature of Applicant

Signature of Executive Director or Officer of the Board

Please enclose a check payable to **CSAIR** or **Conservative Synagogue Adath Israel of Riverdale.**
Payment made also be made by VISA or MASTERCARD.

FAMILY LAST NAME: _____

NUMBER OF CHILDREN: _____

PLEASE COMPLETE THE FOLLOWING AS IT APPLIES TO EACH CHILD.

DATE COMPLETED _____

	CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5
CHILD'S FIRST NAME					
CHILD'S LAST NAME					
MIDDLE NAME					
TITLE, IF ANY PREFERRED, E.G. MS, DR. PROFESSOR, RABBI					
HEBREW NAME					
BIRTH DATE (MM/DD/YY)	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
SCHOOL/OTHER ADDRESS: INCLUDE COLLEGE NAME, CITY, STATE, ZIP					
PHONE					
E-MAIL					
RELIGIOUS SCHOOL HISTORY					
CURRENT SCHOOL OF OCCUPATION					
AREAS OF INTEREST, ACADEMIC STUDY, OR SPECIAL SKILLS/HOBBIES					
CURRENT GRADE/YEAR					
YOUTH & CAMP PROGRAM EXPERIENCE . . . E.G. USY, RAMAH, HILLEL					
MARITAL STATUS SPOUSE'S NAME					

Family Last Name: _____

Name of person completing form _____

Date Completed _____ Phone #: _____

Yahrzeit Information*

Deceased First Name (English)						
Last Name (English)						
Hebrew Name						
Secular calendar date of death						
Time of death: indicate AM or PM						
Before sunrise or after sunset						
Hebrew calendar date of death – after sunset						
Relationship of deceased to which member/s of the household, e.g. "Irene's father."						

* Please speak with the Rabbi if you have any questions.