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Serving The Jewish Community of Greater Newburyport  
**We welcome Jewish and Interfaith Families**

**Membership Application**

*(Please Print)*

**First Adult**

**Second Adult**

First / Last Name: \_\_\_\_\_

First / Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (C)

Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (C)

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

**First / Last Name of ALL Children**

<b>Name</b>	<b>Gender</b>	<b>Date of Birth</b>	<b>Hebrew Name</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Yahrzeits**

<b>English Name</b>	<b>Relationship</b>	<b>Hebrew Name</b>	<b>English/Hebrew Date w/ year</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Memorialize on the \_\_\_\_\_ Hebrew date

English Date \_\_\_\_\_ (Please circle one)

## **Becoming Involved**

We look forward to 36 your participation in our community. Please check off any areas you may be interested in.

Programs     Hospitality     House /Building Committee     Fundraising     Ed. Committee

Tell us about any special interests or talents you or your family members might enjoy sharing with our community.

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## **Dues and Financial Obligations**

New members receive a 50% dues reduction for their first year.

**Circle One:**

**Single** (one adult with or without children) \$600.00 [\$300 for the 1<sup>st</sup> year]

**Family** (two adults with or without children) \$1,050.00 [\$525 for the 1<sup>st</sup> year]

**Building Fund Assessment:** \$1,000.00 total (\$250.00 a year, each year for the first 4 years of membership)

**Religious School Tuition** (varies by age, details available at [www.ahavas-achim.org](http://www.ahavas-achim.org))

Please send your completed application and a check to

**CAA Membership Committee**

**c/o Kim Gobbi**

**6 Olive Street**

**Newburyport, MA 01950**

(Make Checks Payable to Congregation Ahavas Achim)

**Or, please invoice me via email and I will pay by credit card Email:** \_\_\_\_\_

I agree to the financial obligations of membership. X \_\_\_\_\_ Date: \_\_\_\_\_

*All financial obligations are to be paid by the end the fiscal year (April 30<sup>th</sup>)*

**I wish to pay my dues**     Monthly     Quarterly     (2x a year) Semi-Annually     Yearly

**Please include my information in the Membership Directory (indicate Yes or No below)**

Adult's Names     Children's Names     Address     Phone     Email

**Please DON'T include our information in the directory**

If you have any questions or concerns about meeting our financial criteria or any other questions concerning membership please don't hesitate to contact Kim, she can be reached at 978.387.0301 or [membership@ahavas-achim.org](mailto:membership@ahavas-achim.org)

Revised January 2012 (KBG)