

The Chatham Synagogue
PO Box 51, Chatham, NY 12037 (info@chathamsynagogue.org)
Membership Application

(Please Print Clearly in Block Letters...and check if additional info on back of form____)

Last Name 1		First Name	
Gender	M F	Birthday	
Occupation		Business Phone	
Hebrew Name			
Father's Hebrew Name			
Mother's Hebrew Name			
Last Name 2		First Name	
Gender	M F	Birthday	
Occupation		Business Phone	
Hebrew Name			
Father's Hebrew Name			
Mother's Hebrew Name			
Mailing Address			
City		State	Zip
Phone			
Other Address			
City		State	Zip
Phone			
Email		Fax	
(Optional) Children: (list below, names, Hebrew Name, date of birth, sex			
(Optional) Yahrzeits: (list below for Yizkor Memorial Services): last name, first, Hebrew Name (if know), date of death (before or after sundown), Hebrew date of death (if known), relationship)			
Committee Interests (circle): Membership Social Action Programming Publicity Ritual			
Family/ School Photography Other:			
Special Interests or talents applicable to Synagogue:			

The undersigned hereby applies for membership in The Chatham Synagogue, formerly The Synagogue at Malden Bridge, and agrees to abide by the Articles of Organization and By-Laws and certifies that the information given in this application is true.

Please contact us for current membership dues amounts.

Signature of Applicant 1 _____ Applicant 2 _____ Date _____