

Congregation Ahavas Torah
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Rabbi Moshe Drukman
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Avi Crombie, President

Membership Form 5781 (2021)

Personal Information

Name(s): _____
Hebrew name(s): _____
Address: _____

Contact Information and preference

Home: _____
Work: _____
Email: _____

Membership Information

I/We wish to apply for membership at this level:

- Family \$1200 (annually)
 Seniors 60+ \$720 (annually)
 Single \$600
 Single Senior 60+ \$360

Out of Town Membership \$36 + \$ _____

I/We would like to pay: monthly annually

I/We would like to make an additional pledge:
\$720 \$540 \$380 \$180 Other \$ _____

Total Enclosed: _____

Please Note: For those who cannot afford the basic membership, 50 annual volunteer work hours at the synagogue are offered as an alternative. Please advise us as to days and time that you are available.

No membership will be denied for lack of funds.

No committee appearance or proof of income required.

A Jewish Community Welcoming All!

MEMBER INFORMATION

Please fill this part of the form in order to assist the gabbai in designating aliyot. You may have completed a similar form in the past. **Please use this form to help us update our records.**

Member:

Last, First Name (English): _____
DOB: _____

Hebrew Name: _____
 Kohen Levi Israel

Bar/Bat mitzvah Parsha: _____

Father's Hebrew Name: _____ ben
(his father's name): _____

Yahrzeit Date: _____ Year _____

Mother's Hebrew Name: _____ bat
(her father's name): _____

Yahrzeit Date: _____ Year _____

Spouse:

Last, First Name (English): _____
DOB: _____

Hebrew Name: _____
 Kohen Levi Israel

Bar/Bat mitzvah Parsha: _____

Father's Hebrew Name: _____ ben
(his father's name): _____

Yahrzeit Date: _____ Year _____

Mother's Hebrew Name: _____ bat
(her father's name): _____

Yahrzeit Date: _____ Year _____

Children – (use back of form as needed)

Name: _____

Hebrew Name: _____

Date of birth: _____ Yahrzeit Date: _____

Name: _____

Hebrew Name: _____

Date of birth: _____ Yahrzeit Date: _____

Name: _____

Hebrew Name: _____

Date of birth: _____ Yahrzeit Date: _____