



PO Box 31058, Flagstaff AZ 86003  
(928) 527-8747 levshalomaz.org

Complete this form, save and email completed copy to info@levshalomaz.org

I (we) hereby apply for membership in Congregation Lev Shalom and agree to abide by the by-laws, rules, regulations and values of the congregation.

**Adult 1:**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Marital Status: Single Married Life Partner Widowed

**Adult 2:**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Child(ren) Name(s):

Name \_\_\_\_\_ Hebrew Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name \_\_\_\_\_ Hebrew Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name \_\_\_\_\_ Hebrew Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I (We) would like to apply for the following category of membership:

Family Membership \$1,480 per annum Single \$1,000/annum

\*New members or members who have been away for three or more years receive a 50% dues reduction for the first year upon request.

\*No individual or family will be denied membership because of an inability to pay.

Please contact Tom Henderson, Treasurer at (713) 859-7819 if you need to make arrangements for a reduced rate.

Student No Charge

NAU and CCC students under the age of 25 receive complimentary non-voting membership

Friends of Congregation Lev Shalom – \$500

For those, including part-time residents, who wish to support the synagogue but do not wish to become full members

I (We) will have \_\_\_\_\_ children in the Religious School (K-B'nai Mitzvah)  
\$250 1<sup>st</sup> child, \$195 each additional child, Tuition waived during first year of membership

I (we) would like to make the following additional donations in honor of: \_\_\_\_\_:

General Fund: \$90 \$180 \$270 \$360 Other \_\_\_\_\_

Camp Scholarship Fund \$90 \$180 \$270 \$360 Other \_\_\_\_\_  
(assisting member's children to attend Jewish Summer Camp Programs)

Rabbi Supplemental Income Fund: \$90 \$180 \$270 \$360 Other \_\_\_\_\_

(This fund will be used to assist Rabbi Mindie with the cost of living in Flagstaff and assure we continue to have a Rabbi of our congregation living full-time in Flagstaff)

Other: \_\_\_\_\_

**YAHRTZEIT INFORMATION**

1. Deceased's Name: \_\_\_\_\_ Remembered by: \_\_\_\_\_  
Relationship: \_\_\_\_\_ English Date of Death: \_\_\_\_\_ Hebrew Date of Death: \_\_\_\_\_
2. Deceased's Name: \_\_\_\_\_ Remembered by: \_\_\_\_\_  
Relationship: \_\_\_\_\_ English Date of Death: \_\_\_\_\_ Hebrew Date of Death: \_\_\_\_\_
3. Deceased's Name: \_\_\_\_\_ Remembered by: \_\_\_\_\_  
Relationship: \_\_\_\_\_ English Date of Death: \_\_\_\_\_ Hebrew Date of Death: \_\_\_\_\_
4. Deceased's Name: \_\_\_\_\_ Remembered by: \_\_\_\_\_  
Relationship: \_\_\_\_\_ English Date of Death: \_\_\_\_\_ Hebrew Date of Death: \_\_\_\_\_
5. Deceased's Name: \_\_\_\_\_ Remembered by: \_\_\_\_\_  
Relationship: \_\_\_\_\_ English Date of Death: \_\_\_\_\_ Hebrew Date of Death: \_\_\_\_\_
6. Deceased's Name: \_\_\_\_\_ Remembered by: \_\_\_\_\_  
Relationship: \_\_\_\_\_ English Date of Death: \_\_\_\_\_ Hebrew Date of Death: \_\_\_\_\_
7. Deceased's Name: \_\_\_\_\_ Remembered by: \_\_\_\_\_  
Relationship: \_\_\_\_\_ English Date of Death: \_\_\_\_\_ Hebrew Date of Death: \_\_\_\_\_
8. Deceased's Name: \_\_\_\_\_ Remembered by: \_\_\_\_\_  
Relationship: \_\_\_\_\_ English Date of Death: \_\_\_\_\_ Hebrew Date of Death: \_\_\_\_\_
9. Deceased's Name: \_\_\_\_\_ Remembered by: \_\_\_\_\_  
Relationship: \_\_\_\_\_ English Date of Death: \_\_\_\_\_ Hebrew Date of Death: \_\_\_\_\_
10. Deceased's Name: \_\_\_\_\_ Remembered by: \_\_\_\_\_  
Relationship: \_\_\_\_\_ English Date of Death: \_\_\_\_\_ Hebrew Date of Death: \_\_\_\_\_