

**Membership Form**  
for  
**Congregation Anshi S'fard**  
1324 North Highland Ave. Atlanta, Georgia 30306  
Phone: 404-874-4513 Fax: 404-898-0473

**Mailing Address: P.O. Box 8371 Atlanta, Georgia 31106**

Please fill out and mail this form to Congregation Anshi S'fard (P.O. Box 8371 Atlanta, Georgia 31106) with your check for a family (\$600) or single (\$350) membership. This information will be used in our membership list and shul calendar (birthday, anniversary, and *yartzeit* dates).

Anshi S'fard respects your privacy and will not share your contact information with other Jewish organizations without your permission. Please check below to indicate if Anshi S'fard has your permission to share your email address and/or mailing address with other Jewish organizations.

*Anshi S'fard MAY release my information.*       *Anshi S'fard MAY NOT release my information.*

| <b>Male</b>                                   | <b>Female</b>                                 |
|---|---|
| Last Name:                                    | Last Name:                                    |
| First Name:                                   | First Name:                                   |
| Home Address:                                 | Home Address:                                 |
| City:<br>State:<br>Zip Code:                  | City:<br>State:<br>Zip Code:                  |
| Occupation:                                   | Occupation:                                   |
| Work Phone Number:                            | Work Phone Number:                            |
| Home Phone Number:                            | Home Phone Number:                            |
| E-mail Address:                               | E-mail Address:                               |
| Date of Birth: (M/D/Y)                        | Date of Birth: (M/D/Y)                        |
| Date of Marriage: (M/D/Y)                     | Date of Marriage: (M/D/Y)                     |
| Hebrew Name:                                  | Hebrew Name:                                  |
| Did you convert to Judaism?<br>↑ Yes ↑ No     | Did you convert to Judaism?<br>↑ Yes ↑ No     |
| Father's Hebrew Name:                         | Father's Hebrew Name:                         |
| Father is:<br>(check one box in each section) | Father is:<br>(check one box in each section) |
| (a) ↑ living ↑ deceased                       | (a) ↑ living ↑ deceased                       |
| (b) ↑ Kohen ↑ Levi ↑ Yisroel                  | (b) ↑ Kohen ↑ Levi ↑ Yisroel                  |
| Mother's Hebrew Name:                         | Mother's Hebrew Name:                         |
| Mother is:<br>↑ living ↑ deceased             | Mother is:<br>↑ living ↑ deceased             |

## Shul Calendar

Please provide a list of special events so that we can update our shul calendar (e.g. Birthdays, Yartzeits, Anniversaries): \_\_\_\_\_

---

---

## Children

| Name | Date of Birth | Name of School attending |
|------|---------------|--------------------------|
|------|---------------|--------------------------|

---

---

---

---

Are you currently a member of another synagogue? If so, please identify the synagogue (Name, location, years of membership).

---

---

Former Synagogue Affiliation: (Name, location, years of membership)

---

## Payment Information

Check Number: \_\_\_\_\_

Amount (check one):  \$350 (single membership)     \$600 (family membership)