



CHEVRA AHAVAS CHESED, INC.
 PO BOX 2085 ELLICOTT CITY, MD 21041-2085
 410-707-5063

DATE: _____

MEMBERSHIP APPLICATION

FAMILY MEMBERSHIP (annual dues \$ 50.00)

SINGLE MEMBERSHIP (annual dues \$ 30.00)

APPLICANT

 Last Name First Name

 Hebrew Name (English Letters)
 (ex. Dovid Ben Aryeh)

Date of Birth: ___/___/___ Age: _____

Occupation: _____

Phone #: _____

Email address _____

Spouse

 Last Name First Name

 Hebrew Name (English Letters)
 (ex. Devora Bas Shlomo)

Date of Birth: ___/___/___ Age: _____

Occupation: _____

Phone #: _____

Email address _____

Address: _____

City _____ State _____ Zip Code _____

CHILDREN: (Only list children up to and including the age of 21, others require Single Memberships of their own.)

	First Name	Hebrew Name (English Letters)	Age	Date of Birth
1				
2				
3				

STATUS: Check Box Shomer Shabbos Kohain Veteran **Synagogue Affiliation** _____

	NAME/Relationship	Phone
Family Rabbi		
Referred By		
Emergency Contact		

(If Shomer Shabbos, do you wish to be buried in special area designated for Shomer Shabbos? Yes No
 (see reverse side for definition of Shomer Shabbos)

By signing this application, I/we acknowledge its contents and I/we agree to abide by the Constitution and By-Laws of the Chevra Ahavas Chesed, Inc of Baltimore, Maryland; that all applicants listed herein are of the Jewish Faith, according to Halacha (Jewish Law) and that the membership chairperson will be notified of any change of marital status, if applicable, of any and all persons listed within the application. I/we further certify, that all applicants listed herein, at the time of the signing of this application have not been diagnosed by a competent medical authority to be terminally ill, (six (6) months life expectancy) and this application may be subject to a probationary period in accordance with Article VII of the Constitution.

(based on age of oldest member of family)

Initiation Fees are:	Family	Single
22-29	FREE	FREE
30-34	\$200	\$100
35-44	\$400	\$250
45-54	\$600	\$400
55-64	\$800	\$550
65-69	\$1,000	\$700
70-74	\$1,200	\$850
75+	\$1,500	\$1,000

Payment for initiation fees and 1st Year Membership of \$50 (\$30 Single) MUST accompany this Application.

Please Note: Membership in Chevra Ahavas Chesed Inc. obligates you and/or your survivors to be financially responsible for all funeral expenses.

SIGNATURE OF APPLICANT(S)

X _____

X _____