



**MEMBERSHIP  
FORM  
2010**

**1<sup>st</sup> Member**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**2<sup>nd</sup> Member**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name(s) and Date(s) of Birth of Children living at home: \_\_\_\_\_

**Hamptons Address:**

Street: \_\_\_\_\_

Town: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: (631) \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Preferred E-Mail \_\_\_\_\_

**Other Address:**

Street: \_\_\_\_\_

City/State: \_\_\_\_\_

Apartment/Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

**I am most interested in serving on the following Committee(s):**

\_\_\_ *Social Action*

\_\_\_ *Fund Raising/Future*

\_\_\_ *Outreach*

\_\_\_ *Connections*

\_\_\_ *Meals and Kiddush*

\_\_\_ *Public Relations*

\_\_\_ *Education*

\_\_\_ *Family Programs*

\_\_\_ *Leadership*

**Membership Dues:**

**Tzedakah Membership \$3600**

**Chai membership \$1800**

**Mitzvah Membership \$1000**

Individual/Single Parent **\$550**

Family Membership **\$850**

Friends of CSH **\$250\*\***

\$ \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED: \$ \_\_\_\_\_**

Membership runs from January 1, 2010 until December 31, 2010. If special financial arrangements are necessary, please contact Rabbi Jan Uhrbach or CSH President Stacy Menzer.

\*\* Friends of CSH is available only to those who do not live or regularly rent in the Hamptons, and does not include High Holy Day seats.

Please send your completed form and check, payable to  
The Conservative Synagogue of the Hamptons, to: CSH, PO Box 1800, East Hampton, NY 11937.