



**MEMBERSHIP
FORM
2011**

1st Member Name (first and last): _____

Hebrew name (if known): _____

2nd Member Name (first and last) _____

Hebrew Name (if known): _____

Hamptons Address:

Other Address:

Street: _____ Street/Apt: _____

Town/Zip: _____ City/State/Zip: _____

Phone: (631) _____ Phone: () _____

Cell: () _____ Office: () _____ Fax: () _____

Preferred E-Mail(s) _____

I'd like to learn or improve my knowledge of the following (e.g., chant Haftarah, Torah, High Holy Day Torah, Book of Ruth, Lamentations; to do an Aliyah, read Hebrew, recite Kiddush, motzi or birkat haMazon, put on tallit and/or tefillin): _____

I'm willing to help teach the following: _____

Here's how I'd most like to help:

- Programming
 Kiddush
 Friday night dinners
 HH setup and planning
 Outreach
 PR/Advertising
 Fund Raising/Future
 Administrative

Other expertise or skills I'd like to offer to the CSH community: _____

Membership Dues:

- Tzedakah Membership \$3600
 Family Membership \$975
 Chai membership \$1800
 Individual/Single Parent \$550
 Bar/Bat Mitzvah Membership \$1300
 Friends of CSH \$250**
 TOTAL ENCLOSED: \$ _____

Membership runs from January 1, 2011 until December 31, 2011.

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.

[NOTE: PLEASE FILL IN PAGE 2]

Simchas (Joyful Occasions):

Member 1: _____ Birth Date: _____

Member 2: _____ Birth Date: _____

Anniversary (if applicable): _____

Children living at home:

Child 1: _____ Birth Date: _____

Child 2: _____ Birth Date: _____

Child 3: _____ Birth Date: _____

Other *simchas* you are anticipating this year (e.g., b'nei mitzvah, graduation, retirement):

Yarzheits:

1. English Name: _____ Relationship: _____

Hebrew Name (if known): _____

Hebrew Date of Death (if known): _____

English Date of Death (include year): _____ After sunset? _____

2. English Name: _____ Relationship: _____

Hebrew Name (if known): _____

Hebrew Date of Death (if known): _____

English Date of Death (include year): _____ After sunset? _____

3. English Name: _____ Relationship: _____

Hebrew Name (if known): _____

Hebrew Date of Death (if known): _____

English Date of Death (include year): _____ After sunset? _____

4. English Name: _____ Relationship: _____

Hebrew Name (if known): _____

Hebrew Date of Death (if known): _____

English Date of Death (include year): _____ After sunset? _____

Emergency Contact:

Name: _____ Relationship: _____

Phone Numbers: _____ (home) _____ (work)

_____ (cell) _____ (other)

Email: _____