



## Membership Application 2019-2020

1550 W Horizon Ridge Pkwy Suite A  
Henderson, NV 89012  
702-551-7105 ext. 1  
Fax: 702-551-7105

### *Welcome to Ahavas Torah Center!*

*Our mission is to satisfy the needs of those who want to worship and experience Torah Judaism in a welcoming, comfortable and dignified setting.*

Please fill out the forms below. If you have filled out the forms in previous years, there is no need to fill them out again this year. Please just indicate if anything has changed. Thank you!

#### Personal Information

Family Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

Marital Status \_\_\_\_\_ If Married – Anniversary Date \_\_\_/\_\_\_/\_\_\_

#### Her Info

First Name \_\_\_\_\_ Cohen Levi Yisrael Convert

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Hebrew Name \_\_\_\_\_ Father's Hebrew Name \_\_\_\_\_

Mother's Hebrew Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

#### His Info

First Name \_\_\_\_\_ Cohen Levi Yisrael Convert

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Hebrew Name \_\_\_\_\_ Father's Hebrew Name \_\_\_\_\_

Mother's Hebrew Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Children(s) Name(s)	Hebrew Name	D/O/B M/D/Y	Before/After Sunset	M/F	School
_____	_____	__/__/__	_____	_____	_____
_____	_____	__/__/__	_____	_____	_____
_____	_____	__/__/__	_____	_____	_____
_____	_____	__/__/__	_____	_____	_____

Yartzeits		Relationship	Before or After
Hebrew / English Name	Date of Death (English)	Sunset	
<u>Wife</u>			
_____	_____	_____	<b>Before After</b>
First Name      Last Name	M/D/Y	_____	
_____	_____	_____	<b>Before After</b>
First Name      Last Name	M/D/Y	_____	
_____	_____	_____	<b>Before After</b>
First Name      Last Name	M/D/Y	_____	
_____	_____	_____	<b>Before After</b>
First Name      Last Name	M/D/Y	_____	

<u>Husband</u>		Relationship	Before or After
Hebrew / English Name	Date of Death (English)	Sunset	
_____	_____	_____	<b>Before After</b>
First Name      Last Name	M/D/Y	_____	
_____	_____	_____	<b>Before After</b>
First Name      Last Name	M/D/Y	_____	
_____	_____	_____	<b>Before After</b>
First Name      Last Name	M/D/Y	_____	
_____	_____	_____	<b>Before After</b>
First Name      Last Name	M/D/Y	_____	

### Membership Dues

Please circle the appropriate selection:

**Families - Bronze/Basic- \$1,000 or \$84/month | Silver/Builder- \$1800 or \$150/month**

**Gold/Founder- \$3600 or \$300/month – All membership plans include High Holiday seats**

**Singles/Seniors - \$720 | Guest Membership-\$180 - These dues include High Holiday seats**

We have asked the membership of the Shul to pay an additional \$42/month to fund the rent for our new Shul space.

We also ask anyone who will benefit from the eruv for a 1-time donation of \$100 towards its construction and upkeep.

There is also the option to purchase High Holiday seats without formally joining as a member:

**Family for all the Services-\$250    Adult-\$50/service    Child-\$18/service**

Please indicate here if it is more convenient to be charged in 12 monthly installments

Please charge or bill me once\$\_\_\_\_\_     Please charge or bill me monthly \$\_\_\_\_\_/month

Ahavas Torah Center is committed to welcoming every Jew and believes cost should not be a deterrent to prospective members. ATC will not turn anyone away for financial reasons. If you would like to take advantage of our membership but you find it difficult to pay full membership at this time, please enter above what you do feel comfortable paying and you will be billed accordingly.

Please enter Credit Card information below or send a check to our address listed above. Otherwise we will send you a bill. Thank you!

Credit Card # \_\_\_\_\_ exp \_\_\_/\_\_\_

Please email completed form to [office@ahavastorahcenter.org](mailto:office@ahavastorahcenter.org) or fax to 702-551-7105

**Thank you so much for helping build our Shul & Community!**