



MEMBERSHIP APPLICATION

Congregation Ariel
5237 Tilly Mill Road
Atlanta, Georgia 30338
770-390-9071

*Congregation Ariel, an orthodox synagogue serving North Atlanta, was incorporated in 1993. The word "Ariel" is found eight times in Tanach. The Talmud teaches us (Berachot 18b) that this term is a reference to the Beit Hamikdash, the holy Temple in Jerusalem. The Beit HaMikdash was not merely a center for worship, but also a source of inspiration for every Jewish person, regardless of his or her background. Chazal, our sages, remark (Megilla 29a) that after the destruction of the Temple, a synagogue can achieve the status of a "miniature Temple." We sincerely hope that **Congregation Ariel** will be a worthy link to this eternal ideal, by making Torah meaningful in your life.*

FAMILY INFORMATION

Family Name Male: _____ Family Name Female: _____

Home Phone #: _____ Preferred Email Address: _____

Marital Status: Single Divorced Widowed Married Date of Marriage: _____
(Month/Day/Year)

Home Address: _____
Street Address

City, State, Zip

How long in Atlanta? _____

Former Synagogue Affiliation: _____

Concurrent Synagogue Affiliation: _____

Date of Application: _____

Detail Information Pages Attached: Adult Member One Dependent Children - _____ pages
Adult Member Two Yahrtzeit Reminders - _____ pages
Financial Hardship Request

MEMBERSHIP CATEGORY

- Select One: Family Membership Single Membership
 Family Membership under 35 Single Membership under 35
 Senior Membership (over 65 years old) Single Parent Family Membership
 Dual Membership* (requires concurrent synagogue affiliation) Student Membership
* formerly called Associate

I agree to comply with all of the rules, regulations and by-laws of Congregation Ariel. I understand that synagogue membership includes certain financial obligations, including dues, fees, building funds and assessments. I agree to meet all financial obligations associated with this membership. I understand that any request for reductions in dues on account of financial hardship must be submitted annually on the proper form and with adequate supporting documentation and that such requests are subject to approval of the appropriate committee.

Signature _____ Date _____

FOR OFFICE USE	
Reviewed by Rabbi _____	Date _____
Approved by the Board _____	Date _____

ADULT MEMBER

Complete this page for each adult member

Member: ONE TWO Date of Birth: _____ After Sunset Male Female
Month / Day / Year

Name:

Mr. Mrs. _____
 Ms. Dr. First Middle Last

Rabbi Hebrew Name: _____ Kohen Levi Yisroel
Transliteration

Occupation: _____ Work Phone: _____

Work Address: _____ Employer: _____

Street Address _____

City, State, Zip _____

Cell Phone: _____ Fax Phone: _____

Have you been married previously? Yes No If yes, who officiated the "get" divorce?

Name _____ City _____ Date _____

Jewish Status: Born Jewish Conversion: _____
 Converted to Judaism Date Place
 Not Jewish Rabbi & Affiliation _____

Bar/Bat Mitzvah: _____ Parsha _____ Haftarah _____ B/M: Date _____
Month / Day / Year

Information about your Father

Mr. Dr. Name: _____
 Rabbi First Middle Last

Hebrew Name: _____ Kohen Levi Yisroel
Transliteration

Jewish Status: Born Jewish Conversion: _____
 Converted to Judaism Date Place
 Not Jewish Rabbi & Affiliation _____

Yahrzeit (if deceased) : _____ Rabbi & Affiliation _____

English

Date: _____ After Sunset or Hebrew Date: _____
Month / Day / Year Month/Day/Year

Information about your Mother

Mrs. Ms. Name: _____
 Dr. First Middle Last

Hebrew Name: _____

Jewish Status: Born Jewish Conversion: _____
 Converted to Judaism Date Place
 Not Jewish Rabbi & Affiliation _____

Yahrzeit (if deceased) : _____ Rabbi & Affiliation _____

English Date: _____ After Sunset or Hebrew Date: _____
Month / Day / Year Month/Day/Year

ADULT MEMBER

Complete this page for each adult member

Member: ONE TWO Date of Birth: _____ After Sunset Male Female
Month / Day / Year

Name:

Mr. Mrs. _____
 Ms. Dr. First Middle Last

Rabbi Hebrew Name: _____ Kohen Levi Yisroel
Transliteration

Occupation: _____ Work Phone: _____

Work Address: _____ Employer: _____

Street Address

City, State, Zip

Cell Phone: _____ Fax Phone: _____

Have you been married previously? Yes No If yes, who officiated the "get" divorce?

Name _____ City _____ Date _____

Jewish Status: Born Jewish Conversion: _____
 Converted to Judaism Date Place
 Not Jewish
Rabbi & Affiliation

Bar/Bat Mitzvah: _____ Parsha _____ Haftarah _____ B/M: Date _____
Month / Day / Year

Information about your Father

Mr. Dr. Name: _____
 Rabbi First Middle Last

Hebrew Name: _____ Kohen Levi Yisroel
Transliteration

Jewish Status: Born Jewish Conversion: _____
 Converted to Judaism Date Place
 Not Jewish
Rabbi & Affiliation

Yahrzeit (if deceased) : _____ Rabbi & Affiliation

English Date: _____ After Sunset or Hebrew Date: _____
Month / Day / Year Month/Day/Year

Information about your Mother

Ms. Mrs. Name: _____
 Dr. First Middle Last

Hebrew Name: _____ Kohen Levi Yisroel
Transliteration

Jewish Status: Born Jewish Conversion: _____
 Converted to Judaism Date Place
 Not Jewish
Rabbi & Affiliation

Yahrzeit (if deceased) : _____ Rabbi & Affiliation

English Date: _____ After Sunset or Hebrew Date: _____
Month / Day / Year Month/Day/Year

Complete as many pages as needed for all your DEPENDENT children

CHILD NUMBER _____

Male Female Date of Birth: _____ After Sunset

Dependency (check all that apply):

Living at home Under 23
 In school Over 23
 Working

Name: _____

First
Middle
Last

Hebrew Name: _____ Kohen Levi Yisroel

Transliteration

Bar/Bat Mitzvah: _____ B/M Date: _____

Parsha
Haftorah
Month/Day/Year

School (if applicable): _____ Grade: _____

Child's Address: _____

(if not living at home)

Street Address

Apartment or P.O. Box
City, State, Zip

Cell Phone: _____ Email Address: _____

Jewish Status: Born Jewish Conversion: _____

Converted to Judaism Date Place

Not Jewish _____ Rabbi & Affiliation

Were all adopted children converted to Judaism? Yes No Conversion Date: _____

Were all children circumcised by a mohel? Yes No Rabbi & Affiliation _____

Relation to Member 1: Child Step-Child Other Relation to Member 2: Child Step-Child Other

CHILD NUMBER _____

Male Female Date of Birth: _____ After Sunset

Dependency (check all that apply):

Living at home Under 23
 In school Over 23
 Working

Name: _____

First
Middle
Last

Hebrew Name: _____ Kohen Levi Yisroel

Transliteration

Bar/Bat Mitzvah: _____ B/M Date: _____

Parsha
Haftorah
Month/Day/Year

School (if applicable): _____ Grade: _____

Child's Address: _____

(if not living at home)

Street Address

Apartment or P.O. Box
City, State, Zip

Cell Phone: _____ Email Address: _____

Jewish Status: Born Jewish Conversion: _____

Converted to Judaism Date Place

Not Jewish _____ Rabbi & Affiliation

Were all adopted children converted to Judaism? Yes No Conversion Date: _____

Were all children circumcised by a mohel? Yes No Rabbi & Affiliation _____

Relation to Member 1: Child Step-Child Other Relation to Member 2: Child Step-Child Other

