

PLEASE NOTE

Membership in Chevra Ahavas Chesed, Inc. Obligates You and/or Your Survivors to be Financially Responsible For All Funeral Expenses.



Please Insert All Complete Hebrew Names in English Letters.
Example: Dovid Ben Aryeh
Devora Bas Shlomo

REFERRED BY: _____

CHEVRA AHAVAS CHESED, INC.
P.O. BOX 20883, BALTIMORE, MD 21209, 443-286-0424

DATE: _____

MEMBERSHIP APPLICATION

FAMILY MEMBERSHIP:
(annual dues \$ _____)

SINGLE MEMBERSHIP:
(annual dues \$ _____)

1. Applicant _____ Spouse (If Applicable) _____

_____	_____	_____	_____	_____
Last Name	First Name	M.I.	First Name	M.I.
_____	_____	_____	_____	_____
Hebrew Name	(English Letters)	Hebrew Name	(English Letters)	

2. _____

_____	_____	_____	_____
Address	City	State	Zip Code

3. _____

_____	_____	_____	_____
Age	Date of Birth	Age	Date of Birth

4. _____

_____	_____
Home Telephone	Bus. Telephone

5. _____

_____	_____
Email Address: Self	Spouse

6. _____

_____	_____
Occupation: Self	Spouse

7. CHILDREN: (Up to and including the age of 21 covered by family membership)
If additional lines are required for more members of the family, use additional sheets.

_____	_____	_____	_____	_____	_____
First Name	M.I.	Hebrew Name	(English Letters)	Age	Date of Birth
_____	_____	_____	_____	_____	_____
First Name	M.I.	Hebrew Name	(English Letters)	Age	Date of Birth
_____	_____	_____	_____	_____	_____
First Name	M.I.	Hebrew Name	(English Letters)	Age	Date of Birth

IMPORTANT INFORMATION	Special Status: (Check Box) <input type="checkbox"/> Shomer Shabbos <input type="checkbox"/> Kohain <input type="checkbox"/> Veteran
	<input type="checkbox"/> Congregational Affiliation: _____
	If Shomer Shabbos, Do You Wish to be Buried in Special Area Designated for Shomer Shabbos? (See Reverse Side Definition) <input type="checkbox"/> Yes <input type="checkbox"/> No

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 that this application may be subject to a probationary period in accordance with Article VIII of the Constitution.

Initiation Fee (As Listed Below) \$ _____
(based on age of oldest member of family) to be remitted with application to:

Chevra Ahavas Chesed, Inc.
P.O. Box 20883
Baltimore, Maryland 21209

Signature(s) of applicant(s):

X _____
X _____

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	\$1000	\$700
70-74	\$1200	\$850
75+	\$1500	\$1000

Decision of Executive Board
Date Approved
.....
President
.....
Membership Chairman