

Please mail this application to the Synagogue office at: Heska Amuna Synagogue, 381.1 Kingston Pike, Knoxville, TN 37919. If you have questions about this application, dues, or need additional information, please call the Synagogue and you will be referred to the appropriate representative for that assistance. Thank you for your interest.

HESKA AMUNA SYNAGOGUE MEMBERSHIP APPLICATION			
YOUR INFORMATION (COMPLETE ALL WHICH ARE APPLICABLE)			
His Name:		Her Name:	
His Hebrew Name:		Her Hebrew Name:	
Date of birth:		Date of Birth:	
Home address:			
City:	State:		ZIP Code:
Home phone:		His cell:	Her cell:
Your Anniversary Date:		e-mail address(es):	
Are you: Jewish by birth? ___ Convert? ___ Not Jewish ___		Are you: Jewish by birth? ___ Convert? ___ Not Jewish ___	
If conversion, please state where, when and supervising Rabbi:			
YOUR PARENTS (COMPLETE ALL WHICH ARE APPLICABLE)			
His Father's Name:		Her Father's Name:	
Hebrew Name:		Hebrew Name:	
Kohen or Levi? If so, which:		Kohen or Levi? If so, which:	
Father's Yahrzeit Date:		Father's Yahrzeit Date:	
His Mother's Name:		Her Mother's Name:	
Mother's Hebrew Name:		Mother's Hebrew Name:	
Mother's Yahrzeit Date:		Mother's Yahrzeit Date:	
Are parents Jewish by birth? ___ Convert? ___ Not Jewish ___		Are parents Jewish by birth? ___ Convert? ___ Not Jewish ___	
YOUR CHILDREN (WHO WILL ALSO BE MEMBERS)			
Name	Hebrew Name		Date of Birth
EMPLOYER(S) INFORMATION			
His Employer:		Her Employer:	
Address:		Address:	
Phone:		Phone:	
Fax:	Cell:	Fax:	Cell:
e-mail:		e-mail:	
YOUR SIGNATURE(S) CONSTITUTE(S) AN AGREEMENT:			
I agree to pay dues to the Synagogue in accordance with the schedule provided to me by Heska Amuna. The HA fiscal year is January 1 to December 31. Dues will be prorated once my membership application is approved. There are special dues for people under 33, and for new members over 33 for the first two years of membership. I understand that my dues for the first year of my membership will be \$_____. My deposit of 10% of the annual dues is enclosed. I also understand that the Synagogue will bill me for the balance that remains for this year and that I can pay according to the procedures and the schedule available to the membership.			
Signature of applicant:			Date:
Signature of spouse (if for a joint membership):			Date:
Where was your most recent Synagogue membership: (Name, City)			
Are all obligations to that congregation paid in full?			