

Please mail this application to the Synagogue office at: Heska Amuna Synagogue, 3811 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 ASSOCIATE MEMBERSHIP APPLICATION		
YOUR INFORMATION (COMPLETE ALL WHICH ARE APPLICABLE)		
Person 1:		Person 2:
Hebrew Name:		Hebrew Name:
Date of Birth:		Date of Birth:
Cell phone:		Cell phone:
Email address:		Email address:
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:		
Home Address:		
City:	State:	ZIP Code:
Home Phone/Email:		Wedding Anniversary Date:
YOUR PARENTS (COMPLETE ALL WHICH ARE APPLICABLE)		
Person 1 Father's Name:		Person 2 Father's Name:
Father's Hebrew Name:		Father's Hebrew Name:
Kohen or Levi? If so, which?		Kohen or Levi? If so, which?
Father's Yahrzeit Date:		Father's Yahrzeit Date:
Person 1 Mother's Name:		Person 2 Mother's Name:
Mother's Hebrew Name:		Mother's Hebrew Name:
Kohen or Levi? If so, which?		Kohen or Levi? If so, which?
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		
Person 1 Employer:		Person 2 Employer:
Address:		Address:
Phone:		Phone:
Fax:		Fax:
YOUR SIGNATURE(S) CONSTITUTE(S) AN AGREEMENT:		
I agree to pay dues to Heska Amuna Synagogue in accordance with the agreed amount listed below. I understand that my dues will therefore be at the annual rate of half of my present dues at _____ in the amount of \$ _____. Membership with Heska Amuna Synagogue will not cover Life Cycle Events. Since the Heska Amuna fiscal year is <u>January 1 to December 31</u> , I also understand that my dues will be prorated for the first year and that Heska Amuna will bill me after my associate membership application is approved.		
Signature of first applicant:		Date:
Signature of second applicant (if joint membership):		Date:
Where was your most recent Synagogue membership: (Name, City)		
Are all obligations to that congregation paid in full?		
Permission to publish your name(s) in Nu News Newsletter only: Yes _____ No _____		Date 10-2019