



Congregation Ahavath Achim

500 CHESTNUT STREET

CARNEGIE, PA 15106

PHONE: (412) 279-1566

Application for Membership

Title	English Name	Hebrew Name

Address _____

City, State, Zip _____

Home Phone _____

Alternate Phone _____

e-mail Address _____

Dear Board of Directors,
 Please accept my application for membership. As a member of Congregation Ahavath Achim, I agree to comply with the requirements of the Charter, the Bylaws, and the regulations of the congregation. Enclosed is the annual dues payment (\$100 per adult member).

Sincerely, _____

Shul email address: info@thecarnegieshul.org

website: www.thecarnegieshul.org