

Congregation Agudas Achim

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www.congregationagudasachim.org

Interest Form

Names of adults in family unit _____

Primary Mailing address _____

Primary contact telephone: _____ cell phone _____

Email: _____

Seasonal Mailing Address, if any _____

Seasonal phone _____

I am interested in membership: yes___ no, just put me on email list___

Type of Membership: Sustaining___ Regular___ Partial___ Non-resident___

Family___ Individual___

Hebrew School yes no

Names of minor children, If any _____

When is best time to contact you? _____

I am willing to volunteer my time and skills (explain)

PLEASE RETURN THIS FORM BY POST OFFICE, EMAIL OR FAX