

# Congregation Anshei Israel Kadima Membership Form

5550 EAST FIFTH STREET - TUCSON, ARIZONA 85711  
(520) 745-5550 ext.222 - FAX (520) 745-9058 -Youth Center 745-5550 ext. 241

## 2016 - 2017

Please fill out this form completely and check appropriate spaces. Be sure to enclose a check for dues when returning this form to the office at Congregation Anshei Israel. Checks can be made payable to Congregation Anshei Israel USY.

**Please fill out one form per child.**

PLEASE PRINT NEATLY

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Childs Phone \_\_\_\_\_

Child's e-mail address \_\_\_\_\_ @ \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cellular \_\_\_\_\_

Father's Hebrew Name \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cellular \_\_\_\_\_

Mother's Hebrew Name \_\_\_\_\_

Member of Congregation Anshei Israel Yes \_\_\_\_\_ No \_\_\_\_\_  
Member of another Congregation Yes (which one) \_\_\_\_\_ No \_\_\_\_\_

### EMERGENCY INFORMATION

**Do Not Use Parents' Name**

Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Cellular \_\_\_\_\_ Pager # \_\_\_\_\_

Special Medical Problems \_\_\_\_\_

- My child's name **may**  **may not**  be included in the school publications or publicity with their photo .
- My child's image **may**  **may not**  be used in any synagogue publicity.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### YEARLY DUES

GROUP	GRADES	CAI- MEMBERS	NON-CAI MEMBERS
Kadima	4 -5- 6	\$60.00	\$ 80.00
Junior USY	7-8	\$75.00	\$100.00
Senior USY	9-10-11-12	\$75.00	\$100.00

**No Jewish child will be turned away from our Youth Program for financial reasons**