

# FIFTH AVENUE SYNAGOGUE

Five East Sixty-Second Street, New York, NY 10065 Tel: (212) 838-2122  
[www.5as.org](http://www.5as.org) Fax: (212) 319-6119



## Membership Application (photo required)

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Residence: \_\_\_\_\_ Zip code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Firm Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_ Firm Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Sponsor: \_\_\_\_\_

ADDITIONAL INFORMATION MAY BE SUBMITTED ON THE LAST PAGE

I herewith apply for membership in **קהלת עטרת צבי** Fifth Avenue Synagogue. I declare that I am not married contrary to the provisions of Jewish Law. I agree that, if elected to membership, I will abide by the Constitution, by-laws and other rules and regulations to the Congregation now in force or hereafter to be adopted. As a member, I expect to enjoy all the rights and privileges set forth in the Constitution and by-laws of the Congregation.

Signature,

\_\_\_\_\_

## FAMILY RECORD

### FAMILY RECORD

Please indicate by checking the appropriate box if you are registering for an individual or a family membership.

Individual (  )      Family (  )      If Family, Date of marriage \_\_\_\_\_

#### I. MAN/HUSBAND

Name: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

(Check One)    Kohen (  )    Levi (  )    Yisroel (  )

Date of Birth: \_\_\_\_\_      Place of Birth: \_\_\_\_\_

Bar Mitzvah Portion: \_\_\_\_\_

Father's Name-English: \_\_\_\_\_      Hebrew: \_\_\_\_\_

Mother's Maiden Name-English: \_\_\_\_\_      Hebrew: \_\_\_\_\_

Paternal Grandmother's Hebrew Name: \_\_\_\_\_

Paternal Grandfather's Hebrew Name: \_\_\_\_\_

Maternal Grandmother's Hebrew Name: \_\_\_\_\_

Maternal Grandfather's Hebrew Name: \_\_\_\_\_

#### II. WOMAN/WIFE

Name: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_      Place of Birth: \_\_\_\_\_

Father's Name-English: \_\_\_\_\_      Hebrew: \_\_\_\_\_

Mother's Maiden Name-English: \_\_\_\_\_      Hebrew: \_\_\_\_\_

Paternal Grandmother's Hebrew Name: \_\_\_\_\_

Paternal Grandfather's Hebrew Name: \_\_\_\_\_

Maternal Grandmother's Hebrew Name: \_\_\_\_\_

Maternal Grandfather's Hebrew Name: \_\_\_\_\_

### III. CHILDREN

ENGLISH NAME	HEBREW NAME	BIRTHDATE	SCHOOL ATTENDING & GRADE
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	

### IV. YAHRZEIT INFORMATION: (HEBREW NAME MAY BE WRITTEN IN HEBREW OR IN TRANSLITERATION.)

ENGLISH NAME	HEBREW NAME	RELATIONSHIP	ENGLISH DATE	HEBREW DATE
			/ /	/ /
			/ /	/ /
			/ /	/ /
			/ /	/ /
			/ /	/ /
			/ /	/ /

### V. ALIYA INFORMATION

Please provide English and Hebrew names and relationship to you that you would like to be mentioned upon receiving an aliya.

ENGLISH NAME	HEBREW NAME	RELATIONSHIP

### VI. ADDITIONAL INFORMATION

Were there any conversions in your family? If so, please provide details and attach any relevant documentation.