

FIFTH AVENUE SYNAGOGUE

Five East Sixty-Second Street, New York, NY 10065
Tel: (212) 838-2122 www.5as.org



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: _____

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

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. CONVERSION/DIVORCE INFORMATION

Were there any conversions or divorces in the family? Yes No

If so, please provide details and attach any relevant documentation.

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IV. CHILDREN

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

V. YAHRZEIT INFORMATION: Please provide full Hebrew Name, i.e. "Yitzchok ben Avraham"/ "Dina bat Leah" (HEBREW NAME MAY BE WRITTEN IN HEBREW OR IN TRANSLITERATION.)

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

VI. 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