

Congregation Bnai Yeshurun

641 West Englewood Avenue Teaneck, NJ 07666

Phone: 201-836-8916 Fax: 201-836-1888 Email: office@bnaiyeshurun.org

AFFILIATE MEMBERSHIP APPLICATION

PLEASE PRINT ALL INFORMATION

NAME _____
(YOUR FIRST AND LAST, INCLUDING ANY TITLES)

HOME ADDRESS _____

HOME TELEPHONE _____ HOME FAX _____ EMAIL _____

DATE OF BIRTH _____ MARITAL STATUS _____ DATE OF MARRIAGE _____

HEBREW NAME (Include your parents' Hebrew names – e.g. Yitzchak ben Avraham and Sara)

WERE YOU BORN JEWISH? YES / NO (if no, please provide details of conversion)

OCCUPATION _____

BUSINESS NAME _____

ADDRESS _____ CITY/STATE/ZIP _____

TELEPHONE _____ CELL PHONE _____

SPOUSE'S NAME _____
(FIRST AND LAST, INCLUDING ANY TITLES)

DATE OF BIRTH _____ E-MAIL _____

HEBREW NAME (Include your parents' Hebrew names – e.g. Yitzchak ben Avraham and Sara)

WERE YOU BORN JEWISH? YES / NO (If no, please provide details of conversion)

OCCUPATION _____

BUSINESS NAME _____

ADDRESS _____ CITY/STATE/ZIP _____

TELEPHONE _____ CELL PHONE _____

UNMARRIED CHILDREN

_____ MALE/FEMALE
ENGLISH NAME HEBREW NAME DATE OF BIRTH

_____ MALE/FEMALE
ENGLISH NAME HEBREW NAME DATE OF BIRTH

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MARRIED CHILDREN

NAME _____ SPOUSE'S NAME _____

NAME _____ SPOUSE'S NAME _____

NAME _____ SPOUSE'S NAME _____

NAME _____ SPOUSE'S NAME _____

YAHREZITS

ENGLISH NAME _____ HEBREW NAME _____

SECULAR DATE OF DEATH _____ HEBREW DATE _____

YOUR RELATIONSHIP TO THE DECEASED _____

ENGLISH NAME _____ HEBREW NAME _____

SECULAR DATE OF DEATH _____ HEBREW DATE _____

YOUR RELATIONSHIP TO THE DECEASED _____

ENGLISH NAME _____ HEBREW NAME _____

SECULAR DATE OF DEATH _____ HEBREW DATE _____

YOUR RELATIONSHIP TO THE DECEASED _____

ENGLISH NAME _____ HEBREW NAME _____

SECULAR DATE OF DEATH _____ HEBREW DATE _____

YOUR RELATIONSHIP TO THE DECEASED _____

(IF MORE ROOM IS NEEDED, PLEASE USE ANOTHER SHEET OF PAPER)

PRIOR/CURRENT SHUL AFFILIATION (FOR PAST 5 YEARS)

NAME OF SHUL _____

LOCATION _____ PHONE NUMBER _____

NAME OF SHUL _____

LOCATION _____ PHONE NUMBER _____

(IF MORE ROOM IS NEEDED, PLEASE USE ANOTHER SHEET OF PAPER)

Affiliate membership is open to members in good standing of other community synagogues. Membership is effective upon approval by the Board of Directors and receipt of dues payment. Please return application with your check.

Annual dues-\$370.00 per year

I/We hereby apply for Affiliate Membership in Congregation Bnai Yeshurun. I/We agree to abide by the constitution and by-laws of the synagogue.

Member in good standing of _____ Today's date _____

Applicant's Signature

Applicant's Signature