

**MEMBERSHIP APPLICATION**

NAME \_\_\_\_\_  
(FIRST AND LAST, INCLUDING ANY TITLES.)

HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_  
MARITAL STATUS \_\_\_\_\_ DATE OF MARRIAGE \_\_\_\_\_

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

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

OCCUPATION \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

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

DATE OF BIRTH \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

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

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

OCCUPATION \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

UNMARRIED CHILDREN

\_\_\_\_\_ MALE/FEMALE  
ENGLISH NAME      HEBREW NAME      DATE OF BIRTH

\_\_\_\_\_ MALE/FEMALE  
ENGLISH NAME      HEBREW NAME      DATE OF BIRTH

\_\_\_\_\_ MALE/FEMALE  
ENGLISH NAME      HEBREW NAME      DATE OF BIRTH

\_\_\_\_\_ MALE/FEMALE  
ENGLISH NAME      HEBREW NAME      DATE OF BIRTH

MARRIED CHILDREN

NAME \_\_\_\_\_  
SPOUSE'S NAME \_\_\_\_\_

NAME \_\_\_\_\_  
SPOUSE'S NAME \_\_\_\_\_

NAME \_\_\_\_\_  
SPOUSE'S NAME \_\_\_\_\_

NAME \_\_\_\_\_  
SPOUSE'S NAME \_\_\_\_\_

Yahrzeits

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)

Membership is effective upon approval by the Board of Directors and receipt of first dues payment.  
Please return application with your check.

Membership Dues (Fiscal year June 1st to May 31st)  
\$1,265.00 per family                      \$632.50 singles

Building Fund payable over 5 years  
\$6,000.00 per family                      \$3,000.00 singles

#### **Young Members Discount**

If you (and your spouse, where applicable) are below the age of 33 you may apply for the Young Members Discount. **This entitles you to pay half membership for the first two years of membership and to defer the building fund for the first two years of membership.** After the first two years, membership will go up the then-current full amount and you will be responsible to begin paying the then-current building fund.

Are you interested in the Young Members Discount? Yes / No

We/I apply for full membership in Congregation Bnai Yeshurun and accept the financial obligations as set by the synagogue and agree to abide by the Constitution and By-laws.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date