

# MEMBERSHIP APPLICATION

## B'NAI ISRAEL CONGREGATION

2601 Chestnut St., Wilmington, NC 28405 Website ~ Bnaiisraelilm.shulcloud.com

Email ~ bnaiisraelilm@gmail.org Phone ~ 910.762.1117

Will Provide Photo \_\_\_ Yes \_\_\_ No

Please check one: \_\_\_ Family \_\_\_ Individual \_\_\_ Out of Town \_\_\_ Young family \_\_\_ Young individual

### APPLICANT INFORMATION

Jewish? \_\_\_\_\_

### SPOUSE INFORMATION

Jewish? \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, state, zip \_\_\_\_\_ Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

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

Kohen or Levi? \_\_\_\_\_ Kohen or Levi? \_\_\_\_\_

Hebrew name \_\_\_\_\_ Hebrew name \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

\*\*\*Wedding anniversary \_\_\_\_\_\*\*\*

<u>CHILDREN</u>	<u>Name</u>	<u>Hebrew Name</u>	<u>Birth Date</u>	<u>Age</u>	<u>Grade</u>
-----------------	-------------	--------------------	-------------------	------------	--------------


<u>Yahrzeits</u>	<u>Name</u>	<u>Date of Death</u>	<u>Family Relationship</u>
------------------	-------------	----------------------	----------------------------


*Please use other side if you need more room.*

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

We request a \$300 deposit with your application. ~ Date paid \_\_\_\_\_

**CHILDREN**

Name

Hebrew Name

Birth Date

Age

Grade

---

---

---

---

---

---

---

**YAHREITS**

Name

Date of Death

Family Relationship

---

---

---

---

---

---

---

---