



Magen David Sephardic Congregation Beit Eliahu Synagogue

Membership Application

11215 Woodglen Drive Rockville, MD 20852

301-770-6818

office@magendavidsephardic.org magendavidsephardic.org

Member Information Please check one: Kohen Levi Yisrael

Membership Status:

Please check one Family Single Senior (Over 65) Yad-MD Student

Applicant's Name:	Co-Applicant's Name:
Full Hebrew Name (son or daughter of...):	Full Hebrew Name (son or daughter of...):
Date of Birth:	Date of Birth:
Wedding Anniversary:	
Phone: Home Work	Phone: Home Work
Cell:	Cell:
Address:	Address (if different than applicant):
Email:	Email:

Children in Household (use additional page if necessary)

Name	Male or Female	Date of Birth	Hebrew Name

I do not wish to be included in the membership directory.

(Please continue on 2nd page)

Hazkarot/Yahrzeit Anniversaries (use additional page if necessary)

English Name of Deceased	Related to	Relationship	Date of Death	After Sundown	Hebrew Name of Deceased

Dues Information

2020 dues: Family \$1580 Single \$810 Senior Couple \$1270 YAD \$210 Student \$100*

*with current student ID

Dues are paid on a calendar year basis running from January 1 –December 31. Applications must be submitted with your dues payment. Please choose a dues payment schedule,

() One-time payment () Three equal payments () other _____

Scheduled payment arrangements may be made by speaking to the Executive Director or synagogue Treasurer. New members are expected to contribute at least \$360.00 per year for 5 years to the building fund. If your current financial situation does not allow you to meet the membership fee, you may contact the synagogue treasurer through the synagogue office.

All information provided to the Congregation will be kept strictly confidential.

Conversion

If you, either of your parents, or any of your children were converted, please provide a copy of the conversion documents and the name of the Orthodox supervising Rabbi.

Family member who converted: _____ Date of conversion: _____

Rabbi who conducted conversion: _____ Rabbi's contact number: _____

I/We apply for membership in Magen David Sephardic Congregation. I/We agree to abide by the constitution, by-laws, and other rules and regulations of the congregation. Also, as member, I/we expect to enjoy all the rights and privileges set forth in the constitutions and by-laws of the congregation. I understand that all applications are subject to board approval.

Applicant's Signature

Co-Applicants Signature

OFFICE USE ONLY:

Application Received: (date) _____ Dues Received: \$ _____ Date _____

Rabbi's Signature: _____ Board Approval: (date) _____