

Danny Wolff, Rabbi



Congregation Beth Tefillah

MEMBERSHIP APPLICATION

Family Name(s): _____

Home Address*: _____

HUSBAND

WIFE

Telephone Numbers*

Home: _____

Cell: _____

Email Address*: _____

First Name (English) _____

First Name (Hebrew) _____

Kohein, Levi, Yisrael (circle one)

Father's Hebrew Name _____

Mother's Hebrew Name _____

If husband and wife are applying: Is this your first marriage? Yes No (circle one)

If not, how was previous marriage terminated? _____

If divorce, who issued "Get"? _____

CHILDREN

English Name* **Hebrew Name** **Birthdate**

Yahrzeit Information

English Name **Hebrew Name** **Relationship** **Date of Death**

We are interested in serving/participating in the following areas of activity:

Signature of Applicant(s): _____

*This information will be used for shul directory.