

MEMBERSHIP APPLICATION

Date _____

I/We hereby apply for membership in Congregation Beth Hakneses Hachodosh.

Name _____
Mr./Dr./Mrs./Ms. Last First M.I.

Hebrew Name _____

Men: Kohen _____ Levi _____ Yisrael _____

Spouse _____
Mr./Dr./Mrs./Ms. Last First M.I.

Hebrew Name _____

Men: Kohen _____ Levi _____ Yisrael _____

Address _____
House/apt# Street City State Zip

E-mail _____

Telephone (_____) _____

Membership Category

Full _____ Associate _____

CHILDREN

Hebrew Name	English Name	Birthdate (--/---)
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