

Congregation B'nai Avraham of Brooklyn Heights

117 Remsen Street, Brooklyn NY 11201 | (718) 596-4840 | office@bnaiavraham.org | www.bnaiavraham.org

MEMBERSHIP APPLICATION

FAMILY \$1,000
 SINGLE \$500
 SENIOR \$300

Please complete both pages of this application, sign it, and attach a check payable to Congregation B'nai Avraham

GENERAL APPLICANT INFORMATION

Street Address

City State ZIP Code

Mailing Address (IF DIFFERENT FROM ABOVE)

City State ZIP Code

Recent Synagogue Affiliations

Communal Affiliations

Introduced to CBA by

Primary for Communications MAN

Name (LAST/FIRST/M.I.)

Marital Status Single Married Divorced Widowed

Occupation/Profession Employer

Business Address

City State ZIP Code

Primary Phone CELL LL Secondary Phone CELL LL

Primary Email Secondary Email

Date of Birth (MM/DD/YYYY) Wedding Anniversary (MM/DD/YYYY)

Hebrew Name Kohen Levi Yisrael

Father's English Name [+ Hebrew Name]:

Mother's English Name [+ Hebrew Name]:

Primary for Communications WOMAN

Name (LAST/FIRST/M.I.)

Marital Status Single Married Divorced Widowed

Occupation/Profession Employer

Business Address

City State ZIP Code

Primary Phone CELL LL Secondary Phone CELL LL

Primary Email Secondary Email

Date of Birth (MM/DD/YYYY) Wedding Anniversary (MM/DD/YYYY)

Hebrew Name

Father's English Name [+ Hebrew Name]:

Mother's English Name [+ Hebrew Name]:

CHILDREN

English Name:	[+ Hebrew Name]:
Date of Birth (MM/DD/YYYY)	School/Grade/Year
English Name:	[+ Hebrew Name]:
Date of Birth (MM/DD/YYYY)	School/Grade/Year
English Name:	[+ Hebrew Name]:
Date of Birth (MM/DD/YYYY)	School/Grade/Year
English Name:	[+ Hebrew Name]:
Date of Birth (MM/DD/YYYY)	School/Grade/Year

Yahrzeits

Man's Mother [Hebrew Name]:	[English Name]:	
Hebrew Date of Passing (M/D/Y)	Gregorian Date (MM/DD/YYYY)	<input type="radio"/> BEFORE <input type="radio"/> AFTER SUNSET
Man's Father [Hebrew Name]:	[English Name]:	
Hebrew Date of Passing (M/D/Y)	Gregorian Date (MM/DD/YYYY)	<input type="radio"/> BEFORE <input type="radio"/> AFTER SUNSET
Woman's Mother [Hebrew Name]:	[English Name]:	
Hebrew Date of Passing (M/D/Y)	Gregorian Date (MM/DD/YYYY)	<input type="radio"/> BEFORE <input type="radio"/> AFTER SUNSET
Woman's Father [Hebrew Name]:	[English Name]:	
Hebrew Date of Passing (M/D/Y)	Gregorian Date (MM/DD/YYYY)	<input type="radio"/> BEFORE <input type="radio"/> AFTER SUNSET

OTHER IMPORTANT Yahrzeits

Hebrew Name:	[English Name]:	Relationship:
Hebrew Date of Passing (M/D/Y)	Gregorian Date (MM/DD/YYYY)	<input type="radio"/> BEFORE <input type="radio"/> AFTER SUNSET
Hebrew Name:	[English Name]:	Relationship:
Hebrew Date of Passing (M/D/Y)	Gregorian Date (MM/DD/YYYY)	<input type="radio"/> BEFORE <input type="radio"/> AFTER SUNSET
Hebrew Name:	[English Name]:	Relationship:
Hebrew Date of Passing (M/D/Y)	Gregorian Date (MM/DD/YYYY)	<input type="radio"/> BEFORE <input type="radio"/> AFTER SUNSET

SIGNATURE

Please enroll me/us as a member of Congregation B'nai Avraham, subject to the By-Laws and the Terms and Conditions of Membership as may be updated on the Synagogue's website. Applications will be processed after payment is received and are subject to approval by the Synagogue.

Signature of Applicant _____ Date (MM/DD/YYYY) _____



The Orthodox Congregation
serving Brooklyn Heights and
Downtown Brooklyn

Rabbi Aaron L. Raskin
Spiritual Leader

Stephen and Penny Rosen
Founders

Richard W. Golden, Esq.
President

Steven Inker, M.D.
Vice President

Deborah Ehrenberg
Treasurer

Celia Weintrob
Secretary

BOARD OF TRUSTEES

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- Michael Weinberger, Esq.

PLEASE MAIL WITH CHECK TO
Congregation B'nai Avraham
117 Remsen Street, Brooklyn NY 11201

NOTICE

The names and street addresses of members are made available to other members.

- Check here to also make your EMAIL available.
- Check here to also make your PHONE available.

No one will be denied membership because of financial hardship.

- Please have the Synagogue President contact me to confidentially discuss a reduced membership commitment.