Congregation Beth Aaron
MEMBERSHIP APPLICATION

_____
Date

Membership Type: Full ( ) Associate ( )

For Associate Membership Only - We are Full Members at the following synagogue: _____

Name _____ _____ _____

last **husband** **wife**

Address _____

Phone _____ **Fax** _____ **Email address** _____

Optional: ( ) Send me shul announcements by email. ( ) Include my email address in the shul directory.

	English	Hebrew	mo./yr.
Name and birthdates	_____	_____	_____/_____
of children	_____	_____	_____/_____
	_____	_____	_____/_____
	_____	_____	_____/_____

Synagogue Services

Check one: **Kohane ( )** **Levi ( )** **Yisroel ( )**

List full Hebrew names of the following family members:

HUSBAND _____ben_____ben_____

husband's father husband's paternal grandfather

_____

husband's mother

WIFE _____bat_____ben_____

wife's father wife's paternal grandfather

_____

wife's mother

Check the services you are qualified to render: **Read Torah ( )** **Read Maftir ( )** **Daven ( )**

Significant dates

	relation	full Hebrew name	Hebrew date
Yahrzeit for:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Bar Mitzvah Sedra _____

_____ _____ _____

Approved by: Membership Committee Date Board Approved