



Membership Application

TYPE OF MEMBERSHIP

- ☐ Family
☐ Couple
☐ Individual

&

- ☐ Full Member
☐ Associate Member

DATE:

****Please write *all* dates in the application in the format: YYYY-MM-DD.****

SECTION A: CONTACT INFORMATION

ADULT MALE

Salutation: ☐ Mr. ☐ Dr.

First Name: _____

Middle Initial: _____

Last Name: _____

Home Telephone: _____

Office Telephone: _____

Cell: _____

Email: _____

Secondary Residence Telephone: _____

Date of Birth: _____

Profession: _____

ADULT FEMALE

Salutation: ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr.

First Name: _____

Middle Initial: _____

Last Name: _____

Maiden Name (if different): _____

Home Telephone: _____

Office Telephone: _____

Cell: _____

Email: _____

Secondary Residence Telephone: _____

Date of Birth: _____

Profession: _____

Address:

Country: _____

Number: _____

Street: _____

Unit: _____

City: _____

Province/State: _____

Postal/Zip Code: _____

ADULT MALE *continued*
☐ Kohen ☐ Levi ☐ Yisroel

Hebrew Name: _____

Jewish: ☐ **by birth** ☐ **by conversion***

Mother's Name (English): _____

Mother's Name (Hebrew): _____

Mother Jewish: ☐ **by birth** ☐ **by conversion***

Father's Name (English): _____

Father's Name (Hebrew): _____

☐ Single ☐ Married ☐ Separated
☐ Divorced** ☐ Divorced**/Remarried
☐ Widowed ☐ Widowed/Remarried
ADULT FEMALE *continued*
☐ Kohen ☐ Levi ☐ Yisroel

Hebrew Name: _____

Jewish: ☐ **by birth** ☐ **by conversion***

Mother's Name (English): _____

Mother's Name (Hebrew): _____

Mother Jewish: ☐ **by birth** ☐ **by conversion***

Father's Name (English): _____

Father's Name (Hebrew): _____

☐ Single ☐ Married ☐ Separated
☐ Divorced** ☐ Divorced**/Remarried
☐ Widowed ☐ Widowed/Remarried

***CONVERSION must be done in accordance with Jewish law. Please provide conversion documentation.**

****GET has been granted/accepted in accordance with Jewish law. Please supply a copy of GET.**

Date of Marriage: _____ (if. applicable)

SECTION B: CHILDREN

CHILD

SPOUSE

if applicable

Family Name at Birth: _____

First Name: _____

Hebrew Name: _____

Birth Date: _____

Current School: _____

Bar/Bat Mitzvah Date: _____

Wedding Date: _____

CHILD

SPOUSE

if applicable

Family Name at Birth: _____

First Name: _____

Hebrew Name: _____

Birth Date: _____

Current School: _____

Bar/Bat Mitzvah Date: _____

Wedding Date: _____

CHILD

SPOUSE

if applicable

Family Name at Birth: _____

First Name: _____

Hebrew Name: _____

Birth Date: _____

Current School: _____

Bar/Bat Mitzvah Date: _____

Wedding Date: _____

Please add additional sheet(s) for more children.

SECTION C: YAHRZEIT

As a courtesy, we notify members of the yahrzeit of parents, siblings, spouse, and children.

Name	Relationship	Hebrew Date of Death	English Date of Death	Hebrew Name (include Kohen, Levi or Israel)
1) _____				
2) _____				
3) _____				
4) _____				
5) _____				
6) _____				
7) _____				
8) _____				

SECTION D: CONFIRMATION

By affixing my signature to this application, I hereby agree to abide by the by-laws of the Congregation and to maintain my membership in good standing.

Signature: _____ Date: _____

Signature: _____ Date: _____

SECTION E: FOR OFFICE USE ONLY

Date: _____

☐ **Approved**

Account No. _____

☐ **Not Approved**

Comments: _____

