

# CONGREGATION BETH HATIKVAH MEMBERSHIP FORM

## ADULT 1

\_\_\_\_\_  
Name (Last, First, MI)

\_\_\_\_\_  
Hebrew name, if known

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Email address

Do you read or speak Hebrew? \_\_\_\_\_

## ADULT 2

\_\_\_\_\_  
Name (Last, First, MI)

\_\_\_\_\_  
Hebrew name, if known

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Email address

Do you read or speak Hebrew? \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?** \_\_\_\_\_

## CHILDREN AGE 18 OR YOUNGER

\_\_\_\_\_  
Name Hebrew Name Date of Birth Grade Address (if different)

\_\_\_\_\_  
Name Hebrew Name Date of Birth Grade Address (if different)

\_\_\_\_\_  
Name Hebrew Name Date of Birth Grade Address (if different)

## Yahrzeits

\_\_\_\_\_  
Name Relationship Date of Death (month/day/year)

\_\_\_\_\_  
Name Relationship Date of Death (month/day/year)

\_\_\_\_\_  
Name Relationship Date of Death (month/day/year)

## PAYMENT INFORMATION

\_\_\_\_\_  
Credit card number (Visa, MC, or Discover)

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
CVC Number

\$ \_\_\_\_\_

One time annual payment

Monthly payment