**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 1**

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 (Please specify if you wish to observe the Hebrew date.)**

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 Expiration Date CVC Number

$ One-time annual payment Monthly payment