

# 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 Expiration Date CVC Number

\$ \_\_\_\_\_  One time annual payment  Monthly payment