



MEMBERSHIP APPLICATION

Title: _____ (i.e. Rabbi, Dr., Mr., Mrs., Ms.) Date: _____

Last Name: _____

Man/Husband's First Name: _____ Birth Date: ___/___/___

Hebrew Name: _____

(Optional: Include father's/mother's names)

Kohen Levi Yisroel

Woman/Wife's First Name: _____ Title: _____ Birth Date: ___/___/___

Hebrew Name: _____

(Optional: Include father's/mother's names)

Home phone _____ Wedding Anniversary: ___/___/___

(H) Cell phone _____ (H) email _____

(W) Cell phone _____ (W) email _____

Address: _____ Apt # _____

City: _____ State: _____ Zip Code: _____

OCCUPATION INFORMATION

Man/Husband's Occupation: _____

Firm Name _____

Address: _____ City: _____ State: _____ Zip Code _____

Phone 1. () _____ - _____ Ext# _____ 2. () _____ - _____ Ext# _____

Woman/Wife's Occupation: _____

Firm Name _____

Address: _____ City: _____ State: _____ Zip Code _____

Phone 1. () _____ - _____ Ext# _____ 2. () _____ - _____ Ext# _____

CHILDREN'S INFORMATION

Child's Name	M/F	Birth Date	Spouse' Name	Tel. #
1. _____	<input type="checkbox"/> M <input type="checkbox"/> F	___/___/___	_____	_____
2. _____	<input type="checkbox"/> M <input type="checkbox"/> F	___/___/___	_____	_____
3. _____	<input type="checkbox"/> M <input type="checkbox"/> F	___/___/___	_____	_____
4. _____	<input type="checkbox"/> M <input type="checkbox"/> F	___/___/___	_____	_____
5. _____	<input type="checkbox"/> M <input type="checkbox"/> F	___/___/___	_____	_____

IN CASE OF EMERGENCY:

Contact: _____

Relationship: _____

Phone 1: _____

Phone 2: _____

Yahrzeit Information

English Name of Deceased	Hebrew Name of Deceased	Relationship Code*	Date of Passing Month Day Year
1. _____	_____	_____	___/___/___
2. _____	_____	_____	___/___/___
3. _____	_____	_____	___/___/___
4. _____	_____	_____	___/___/___
5. _____	_____	_____	___/___/___
6. _____	_____	_____	___/___/___
7. _____	_____	_____	___/___/___
8. _____	_____	_____	___/___/___
9. _____	_____	_____	___/___/___
10. _____	_____	_____	___/___/___

***RELATIONSHIP CODE**

- | | | |
|----------------------|--------------------|--------------------|
| 01 = Aunt | 10 = Grandfather | 19 = Sister-in-Law |
| 02 = Brother | 11 = Grandmother | 20 = Son |
| 03 = Brother-in-Law | 12 = Grandson | 21 = Son-in-Law |
| 04 = Cousin | 13 = Husband | 22 = Step-Daughter |
| 05 = Daughter | 14 = Mother | 23 = Step-Father |
| 06 = Daughter-in-Law | 15 = Mother-in-Law | 24 = Step-Mother |
| 07 = Father | 16 = Nephew | 25 = Step-Son |
| 08 = Father-in-Law | 17 = Niece | 26 = Uncle |
| 09 = Granddaughter | 18 = Sister | 27 = Wife |

INTERESTS

Is there any area of Synagogue activity in which you would have a particular interest?
(Please check as many as apply)

Adult Education _____ Membership _____ Sisterhood _____
 Building _____ Eruv _____ Youth _____
 Bulletin _____ Ritual _____ Other _____
 High Holiday _____

ALIYOT INFORMATION

FAMILY NAME ENGLISH NAME HEBREW NAME DATE

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____