

DELRAY ORTHODOX SYNAGOGUE

Membership Application and/or Information Sheet

We invite you to join us as a member and become part of our extended family.

Family Last Name: _____
Member Name: _____ Spouse Name: _____ Tribe: _____
Local Street Address: _____
Local City: _____ Local State: _____ Local Zip: _____ Local Phone: _____
Cell Phone: _____ Spouse Cell Phone: _____
E-Mail Address: _____ Spouse E-Mail Address: _____
Northern Street Address: _____
Northern City: _____ Northern State: _____ Northern Zip: _____ Northern Phone: _____
Birth Date: _____ Spouse Birth Date: _____

Your Full Hebrew Name (Transliterated): _____
Your Spouse's Full Hebrew Name (Transliterated): _____
Your Mother's Full Hebrew Name (Transliterated): _____
Your Spouse's Mother's Full Hebrew Name (Transliterated): _____
Your Father's Full Hebrew Name (Transliterated): _____
Your Spouse's Father's Full Hebrew Name (Transliterated): _____

Yahrzeits (All names Transliterated):

Hebrew Name: _____ HebrewDate: _____
Relation: _____ EnglishName: _____

Hebrew Name: _____ HebrewDate: _____
Relation: _____ EnglishName: _____

Hebrew Name: _____ HebrewDate: _____
Relation: _____ EnglishName: _____

Hebrew Name: _____ HebrewDate: _____
Relation: _____ EnglishName: _____

Hebrew Name: _____ HebrewDate: _____
Relation: _____ EnglishName: _____

Membership dues are \$900 per year for a couple and \$450 per year for singles.