

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 Emergency Contact: (Name/Phone): _____
Your Spouse's Emergency Contact: (Name/Phone): _____
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 (Enter Full Hebrew Names and all names must be transliterated):

Hebrew Name: _____ Hebrew Date: _____
Relation: _____ English Name: _____

Hebrew Name: _____ Hebrew Date: _____
Relation: _____ English Name: _____

Hebrew Name: _____ Hebrew Date: _____
Relation: _____ English Name: _____

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Relation: _____ English Name: _____

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Relation: _____ English Name: _____

Hebrew Name: _____ Hebrew Date: _____
Relation: _____ English Name: _____

Membership dues are \$1,000 per year for a couple and \$500 per year for singles.

An additional \$50 per member fee was approved by the Congregation to help defray the cost of security guards.