



Bet Chaverim
CONGREGATION

Friends Worshiping Together

Membership Application

Circle: Individual Family Account Name _____

Address _____

City _____ State _____ Zipcode _____

Home Phone _____ Alternate phone _____

E-mail _____

	Primary Adult	Secondary Adult
First Name		
Last Name		
Email		
Gender		
Hebrew Name		
Father's Hebrew Name		
Mother's Hebrew Name		
Birthday		
Mobile		
Cohen, Levi, or Yisroel		

Children	Child #1	Child #2	Child #3	Child #4
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First and last name				
Hebrew name				
Birthdate				

Yahrzeits

Please complete the information for the Bet Chaverim database – to enable reminders.

	Yahrzeit	Yahrzeit
English Name of Deceased		
Hebrew Name of Deceased (English Transliteration preferred)		
Gender of Deceased		
English Date		
Hebrew Date (Database can convert, if unknown)		
Relationship of Deceased to Mourner/Member		
Mourner's/Member's Name		

	Yahrzeit	Yahrzeit
English Name of Deceased		
Hebrew Name of Deceased (English Transliteration preferred)		
Gender of Deceased		

English Date		
Hebrew Date (Database can convert, if unknown)		
Relationship of Deceased to Mourner/Member		
Mourner's/Member's Name		

**Please return to: Steve Bloom – Bet Chaverim
6912 Mystic Woods Way
Columbia, MD 21044
sdbloom1227@gmail.com**