



Membership Application

Application Type: ☐ Single Membership ☐ Family Membership ☐ Donor Membership

English (full name): _____

Hebrew Name: _____

Born Jewish or Jewish by choice? _____ Date of Birth: _____

Home Address: _____ City/State: _____

Zip: _____ Email: _____

Phone Number: _____

Employer: _____ Occupation: _____

Yearly Income: _____

Spouse – English (full name): _____

Hebrew Name: _____

Born Jewish or Jewish by choice? _____ Date of Birth: _____

Email: _____ Phone Number: _____

Spouse's Employer: _____ Occupation: _____

Yearly Income: _____

Previous Congregation Affiliation: _____

Are husband and wife both Jewish? _____ Date of Marriage: _____

Children – English Name: _____ Hebrew Name: _____

Date of Birth: _____

Children – English Name: _____ Hebrew Name: _____

Date of Birth: _____

Children – English Name: _____ Hebrew Name: _____

Date of Birth: _____

In Case of Emergency Notify: _____ Relation: _____

Yahrzeit Record

Father English Name: _____

Hebrew Name: _____ Hebrew Date of Death: _____

Date of Death: _____

Mother English Name: _____ Hebrew Name: _____

Hebrew Date of Death: _____ Date of Death: _____

Relative English Name: _____ Hebrew Name: _____

Relative Relation: _____

Hebrew Date of Death: _____ Date of Death: _____

Relative English Name: _____ Hebrew Name: _____

Relative Relation: _____

Hebrew Date of Death: _____ Date of Death: _____

Signature of Applicant: _____ Date: _____

I hereby make application to membership at Congregation B'nai Zion, and if approved, I promise to abide by the constitution and by-laws of the congregation.