



# Washington Heights Congregation

P.O. Box 1066  
New York, NY 10040  
(212) 923-4407

בעוה"ם

## Application for Membership

For individual membership please fill out part I of the application for family membership please fill out both part I & II.

### Part I

Family Name: \_\_\_\_\_ First/Middle Name: \_\_\_\_\_

Title: \_\_\_\_\_ (Maiden Name:)

Hebrew Name: \_\_\_\_\_ בן/בת

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Is/was your mother a Halachik Jew\* by birth? \_\_\_ If not, please provide a letter of explanation and a copy of appropriate conversion documents with this application.

Bar Mitzvah Parsha: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Yahrzeit(s) Date(s): Father \_\_\_\_\_ Mother \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Name: English \_\_\_\_\_ Hebrew \_\_\_\_\_

Mother's Name: English \_\_\_\_\_ Hebrew \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Names (Hebrew & English) and Dates of Birth of Children:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Part II

#### Spouse

Family Name: \_\_\_\_\_ First/Middle Name \_\_\_\_\_

Title: \_\_\_\_\_ (Maiden Name:)

Hebrew Name: \_\_\_\_\_ בן/בת

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Is/was your mother a Halachik Jew\* by birth? \_\_\_ If not, please provide a letter of explanation and a copy of appropriate conversion documents with this application.

Bar Mitzvah Parsha: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Yahrzeit(s) Date(s): Father \_\_\_\_\_ Mother \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Name: English \_\_\_\_\_ Hebrew \_\_\_\_\_

Mother's Name: English \_\_\_\_\_ Hebrew \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

\*A Halachik Jew is defined as someone who is born to a mother who, herself, was Jewish by birth or someone who converted to Judaism under the auspices of an Orthodox Bet Din (court).

RETURN COMPLETED FORM TO THE MAILING ADDRESS ABOVE, OR ATTACHED TO AN E-MAIL SENT TO:  
Tamsinwolf@gmail.com