

APPLICATION FOR ASSOCIATE MEMBERSHIP

CONGREGATION SCHOMRE ISRAEL

Associate membership is granted to congregants of another Synagogue or Temple who wish to support Congregation Schomre Israel. Associate members are invited to all synagogue services and functions, receive publications, but are not eligible to serve on the Board, to vote, or to use the synagogue for life cycle events (cemetery privileges, weddings, Bar/Bat Mitzvot). The cost is \$150 a year.

PLEASE PRINT LEGIBLY

NAME \_\_\_\_\_ HEBREW NAME \_\_\_\_\_ ben/bat \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE # \_\_\_\_\_ MOBILE # \_\_\_\_\_ E-MAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ JEW BY BIRTH \_\_\_\_\_ CONVERSION \_\_\_\_\_

MARITAL STATUS:

Single \_\_\_\_ Married \_\_\_\_ Date of Anniversary \_\_\_\_\_ Widowed \_\_\_\_

SPOUSE'S FULL NAME \_\_\_\_\_ HEBREW NAME \_\_\_\_\_ ben/bat \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ JEW BY BIRTH \_\_\_\_\_ CONVERSION \_\_\_\_\_

I/WE ARE MEMBERS AT \_\_\_\_\_

\_\_\_\_\_

Associate member fee (\$150) enclosed.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ Approved by Rabbi Shlomo Krasner

\_\_\_\_\_ Approved by Board