

CHILDREN (Please list in order of Birth)

<p>#1 English Name: _____ Hebrew Name: _____ Date of birth: _____ Bar/Bat Mitzvah Portion: _____ School: _____</p>	<p>#2 English Name: _____ Hebrew Name: _____ Date of birth: _____ Bar/Bat Mitzvah Portion: _____ School: _____</p>
<p>#3 English Name: _____ Hebrew Name: _____ Date of birth: _____ Bar/Bat Mitzvah Portion: _____ School: _____</p>	<p>#4 English Name: _____ Hebrew Name: _____ Date of birth: _____ Bar/Bat Mitzvah Portion: _____ School: _____</p>

Please list information for additional children on another sheet of paper.

If any prospective member is a convert to Judaism, please affix conversion certificate to this form

If you observe additional memorial anniversaries, please provide the following information.

Name (Hebrew) _____ Name (Hebrew) _____ Name (Hebrew) _____

Relationship: _____ Relationship: _____ Relationship: _____

Date of Death: ____/____/____ Day or Night Date of Death: ____/____/____ Day or Night Date of Death ____/____/____ Day or Night

What is the primary motivation for applying at this time? _____

Signature of Applicant: _____

Payment for first year's dues should be made at time of application.

Select a Method of Payment:

Check # _____ Credit Card _____ Payment Amount \$ _____

<p>FOR OFFICE USE ONLY Date received by office _____ Initials _____ Membership Type <input type="checkbox"/>IF <input type="checkbox"/>FF <input type="checkbox"/>IA <input type="checkbox"/>FA <input type="checkbox"/>YI <input type="checkbox"/>YF Rate _____ Payment Received <input type="checkbox"/> Date _____ Notes: _____ Rabbi's signature _____ Date _____ Memo distributed to staff for processing Date _____ By _____</p>
