



**CHILDREN** (Please list in order of Birth)

<p><b>#1</b>                  English Name: _____                  Hebrew Name: _____                  Date of birth: _____                  Bar/Bat Mitzvah Portion: _____                  School: _____</p>	<p><b>#2</b>                  English Name: _____                  Hebrew Name: _____                  Date of birth: _____                  Bar/Bat Mitzvah Portion: _____                  School: _____</p>
<p><b>#3</b>                  English Name: _____                  Hebrew Name: _____                  Date of birth: _____                  Bar/Bat Mitzvah Portion: _____                  School: _____</p>	<p><b>#4</b>                  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><b>FOR OFFICE USE ONLY</b>                  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>
---