



MEMBERSHIP APPLICATION

Today's Date: _____

Applicant name: _____ E-mail address: _____
Hebrew name: _____ Date of birth: _____
Home address: _____ Place of birth: _____
City/State/Zip: _____ Bar/Bat Mitzvah portion: _____
Home phone: _____ Marital status: Single _ Married _ Divorced _ Widowed _
Cell phone: _____ Father's first and last name: _____
Occupation: _____ Father's Hebrew name: _____
Business name: _____ Mother's first and maiden name: _____
Business address: _____ Mother's Hebrew name: _____
Business phone: _____ If either parent is deceased, please indicate the date of death:
Membership type: _____ Father ____/____/____ Mother ____/____/____
Day or Night Day or Night

SPOUSE

Name: _____ E-mail address: _____
Hebrew name: _____ Date of birth: _____
Cell phone: _____ Place of birth: _____
Occupation: _____ Bar/Bat Mitzvah portion: _____
Business name: _____ Father's first and last name: _____
Business address: _____ Father's Hebrew name: _____
Business phone: _____ Mother's first and maiden name: _____
Date of marriage: _____ Mother's Hebrew name: _____
Place of marriage: _____ If either parent is deceased, please indicate the date of death:
Father ____/____/____ Mother ____/____/____
Day or Night Day or Night

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 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? _____
 Previous synagogue affiliation: _____
 Other current synagogue affiliations: _____
 Rabbinic reference (name, email, & phone #): _____

Signature of applicant: _____

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

Select payment method:

Check # _____ Credit Card _____ Payment Amount \$ _____

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 _____