



Congregation Membership Application

Date: _____

Referred By: _____

Check One: Family Membership (\$1200*)

Individual Membership (\$600*)

**Initial deposit appreciated with membership application*

Membership payments if not paid in full at time of application, will be billed on a quarterly basis Jan-Dec

Primary Adult Member:

Dr. Mr. Mrs. Ms. Other: _____

Married Single Widowed Divorced

Name _____

Print First Middle Last

Home Address _____

Street

City

State

Zip Code

Primary Phone _____ Alternate Phone _____

Email Address _____

My Hebrew Name Is _____

Kohen

Levite

Israelite

Birthday (MM/DD/YEAR) _____

Wedding Ann _____

Secondary Adult Member

Name _____

Print First Middle Last

Email Address _____

Cell Phone: _____

My Hebrew Name Is _____

Kohen Levite Israelite

Birthday(MM/DD/YEAR) _____

Yahrzeits (Please provide name, date of death and relationship to you)

Children Information

Child # 1 Name _____ Birthdate _____

Hebrew Name _____ Bar/Bat Mitzvah Date: _____

Child # 2 Name _____ Birthdate _____

Hebrew Name _____ Bar/Bat Mitzvah Date: _____

Child # 3 Name _____ Birthdate _____

Hebrew Name _____ Bar/Bat Mitzvah Date: _____

Child # 4 Name _____ Birthdate _____

Hebrew Name _____ Bar/Bat Mitzvah Date: _____

I plan to enroll my children* in:

Sunday School

***Discount available for 3 or more registrations**

I/My Spouse/My children would like more information on becoming involved with:

- Adult Education
 Sisterhood
 Youth Programs
 Community Task Force
 B'nai B'rith Men
 Hadassah
 BBYO

I/My spouse is interested in participation on the following Committee(s):

Appearance		Fundraising		Security		Federated Charities	
Building & Grounds		Garden		Social Action		Finance	
Burial & Rituals		Grievance		Special Projects		Military	
Cemetery		Memorials		Telephone Calls		Endowment	
Constitution		Membership		Visitation		Religious School	
Other: (specify)							

Signature

Date

Office Use Only: Check # _____ Date _____ Balance Due \$ _____