

## **MEMBERSHIP APPLICATION**

FOR OFFICE USE ONLY:  DATE RECEIVED:		DEPOSIT RECEIVED: \$  FORM OF PAYMENT:					
TYPE OF MEMBERSHIP:							
Family	_Family Just Starting Out	Single Parent	IndividualAssociate Membe				
Family Name:		Home Phone:					
Address:							
Marital Status:		If Married, Date	of Marriage:				
Member 1 (	Jewish:yesno)		Member 2 (Jewish:yesno)				
Name:							
Date of Birth:							
Occupation:							
Work Phone:							
Cell Phone:							
E-Mail:							
Hebrew Name:							
Parents' Hebrew N Mother: _	lames:						
Father: _							
Children:	<u>Name</u>	M/F	Date of Birth				
	rship in Congregation B'nai Is to pay all dues and fees pro		Jewish Center and agree to abide by its be be congregation.				
Signed		 ate	Signed Dat				

How did you learn about us?								
Previous Affiliation:								
Please check all items that	t apply to you:							
	Member 1		Member 2					
Bar/Bat Mitzvah								
Confirmation								
Read Hebrew								
Speak Hebrew								
Chant Torah/Haftarah								
Lead Shabbat Services								
Lead Mourner's Minyan								
Kosher Home								
Please list any special interests:								
	-							
Please write your name/s next to committees or activities of interest to you:								
Adult Programming	Adult Education							
Building/House	Budget & Finance							
Fundraising	Caring							
Ritual	Social Action							
Religious School	Preschool							
Membership	Public Relations							
Newsletter	IT/Website							
Men's Club	Sisterhood_	Sisterhood						
MEMORIAL/YAHRZEIT INFORMATION								
Name of Deceased	Hebrew Name	Relationship	Date of Death	Before/After Sundown				