



## NEW MEMBERSHIP APPLICATION AND RENEWAL FORM

Please fill out the form completely. **For Renewals:** Please update the information annually so that we have your accurate information.

Section I: YOUR INFO				Section II: SPOUSE'S INFO			
Name:				Name:			
Hebrew Name:				Hebrew Name:			
Father's Hebrew Name:				Father's Hebrew Name:			
Mother's Hebrew Name:				Mother's Hebrew Name:			
Occupation:				Occupation:			
Birth Date (MM/DD/YYYY)		/ /	O Day O Night	Birth Date (MM/DD/YYYY)		/ /	O Day O Night
Jewish by:		O Birth O Converted		Jewish by:		O Birth O Converted	
Check one:		O Cohen O Levi O Israel		Check one:		O Cohen O Levi O Israel	
SECTION III: PERSONAL INFORMATION							
Address:			Fax:				
City/State/Zip			Email 1:				
Home Phone:			Email 2:				
Work Phone:			Marital Status:				
Cell Phone 1:			Anniversary Date:			/ /	
Cell Phone 2:			If divorced, do you have a Jewish "Get"? O Yes O No				
SECTION IV: CHILDREN							
Name:		Hebrew Name:		Birth Date:		/ / O Day O Night	
Name:		Hebrew Name:		Birth Date:		/ / O Day O Night	
Name:		Hebrew Name:		Birth Date:		/ / O Day O Night	
Name:		Hebrew Name:		Birth Date:		/ / O Day O Night	
Name:		Hebrew Name:		Birth Date:		/ / O Day O Night	
SECTION V: YAHRZEIT INFORMATION							
Name:		Date of Passing:		/ /		O Day O Night Relationship:	
English / Hebrew / Father's Hebrew / Last name							
Name:		Date of Passing:		/ /		O Day O Night Relationship:	
English / Hebrew / Father's Hebrew / Last name							
Name:		Date of Passing:		/ /		O Day O Night Relationship:	
English / Hebrew / Father's Hebrew / Last name							
Name:		Date of Passing:		/ /		O Day O Night Relationship:	
English / Hebrew / Father's Hebrew / Last name							
Name:		Date of Passing:		/ /		O Day O Night Relationship:	
English / Hebrew / Father's Hebrew / Last name							
SECTION VI: MEMBERSHIP CONTRIBUTIONS (ANNUAL)							
Family Membership \$750 Annually		Single Membership \$450 Annually		<b>All contributions are tax deductible to the fullest extent allowed by the law.</b>			
PAYMENT INFORMATION							
Payment Options:		Payment Method:		Please charge my:		Card Number:	
O One full payment of \$ _____		O Credit Card		O Visa		Expiration Date: CVS:	
O Quarterly Payments \$ _____ each		O Check is in the mail		O M/C			
O Monthly Payments of \$ _____ each		O Please bill me		O Amex		Billing Zip Code:	