

**CONGREGATION BETH ISRAEL
OF THE PALISADES
MEMBERSHIP APPLICATION**

CONGREGATION BETH ISRAEL OF THE PALISADES

Membership Application

Application date: _____

1. Your data (please print):

Name: _____ Hebrew name: _____

Kohen Levi Yisrael

Street Address: _____ Apt. No.: _____

City _____ State _____ Zip _____

Home Telephone: (____) _____

Cell Phone: (____) _____ Fax No.: (____) _____

Home E-mail: _____

Profession/Business: _____

Name of Company: _____

Business Telephone: (____) _____

Hobbies/Interests: _____

Father's name: _____ Father's Hebrew name: _____

Mother's name: _____ Mother's Hebrew name: _____

Your secular birth date: _____ Your Hebrew birth date: _____

Date of your bar/bat mitzvah: _____ Bar/bat mitzvah parashah: _____

Single Married Divorced Separated Widowed

If married, date of wedding: _____ Name of officiating rabbi: _____

If divorced, date of *Get*: _____ Name of issuing rabbi: _____

Maiden name (if applicable): _____

If you live elsewhere for part of the year:

Street Address: _____ Apt./Unit No. _____

City _____ State _____ Zip _____

Home Telephone: (____) _____

Cell Phone: (____) _____ Fax No.: (____) _____

Home E-mail: _____

Our shul's work is done by committees. Please put a check mark next to the one(s) that interest(s) you:

Ritual Adult Education Youth Activities Membership Fund-Raising and Events

2. Spouse's data (if applicable; please print):

Name: _____ Hebrew name: _____

Kohen Levi Yisrael

Cell Phone: (____) _____ Fax No.: (____) _____

Home E-mail: _____

Profession/Business: _____

Name of Company: _____

Business Telephone: (____) _____

Hobbies/Interests: _____

Father's name: _____ Father's Hebrew name: _____

Mother's name: _____ Mother's Hebrew name: _____

Spouse's secular birth date: _____ Spouse's Hebrew birth date: _____

Date of spouse's bar/bat mitzvah: _____ Bar/bat mitzvah parashah: _____

Maiden name (if applicable): _____

Please put a check mark next to the committee(s) that may interest your spouse:

Ritual Adult Education Membership Finance and Budget Fund-Raising House

Social Action (Gemilut Chasadim) Activities Publicity

3. Children's data (if applicable; please print):

Secular name	Hebrew name	Secular birth date	Hebrew birth date	Married (yes/no)	Bar/Bat Mitzvah date	Jewish education level

Please check the appropriate box(es) below, sign this application and return it to us. First-year dues are requested with application. Call the office for current rates. If the dues amount is beyond your current means, you may discuss the matter with the Rabbi.

Type of Membership: Family Single, with children Single, no children

In addition, I am making a voluntary contribution of \$136 single/\$272 family to the Kiddush Club.

Signature: _____

