

Congregation Beth Aaron

MEMBERSHIP APPLICATION

Date _____

Membership Type: Full () Associate ()

For Associate Membership Only - We are Full Members at the following synagogue: _____

Name _____

last

husband

wife

Address _____

Phone _____ Fax _____ Email address _____

Optional: () Send me shul announcements by email. () Include my email address in the shul directory.

	English	Hebrew	mo./yr.
Name and birthdates	_____	_____	____/____
of children	_____	_____	____/____
	_____	_____	____/____
	_____	_____	____/____

Synagogue Services

Check one: **Kohane** () **Levi** () **Yisroel** ()

List full Hebrew names of the following family members:

HUSBAND _____ ben _____ ben _____
husband's father husband's paternal grandfather

 husband's mother

WIFE _____ bat _____ ben _____
wife's father wife's paternal grandfather

 wife's mother

Check the services you are qualified to render: **Read Torah** () **Read Maftir** () **Daven** ()

Significant dates

	relation	full Hebrew name	Hebrew date
Yahrzeit for:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Bar Mitzvah Sedra _____

Approved by: Membership Committee _____

Date _____

Board Approved _____