

## MEMBERSHIP APPLICATION

The primary source of funding for Congregation B'nai Zion is through dues assessment. The annual membership fee is determined by each member's ability to pay his fair share based on income, and is assessed by the dues committee. No one is barred from membership for lack of ability to pay. There is no distinction of status within the membership.

Membership is approved by the board of directors. Please allow thirty days for receipt of notification of their action. A deposit of \$25.00 must accompany this application. Our membership year extends from September 1 through August 31.

Name: (English) \_\_\_\_\_ (Hebrew) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse: (English) \_\_\_\_\_ (Hebrew) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address (including zip code): \_\_\_\_\_

Telephone(Home & Work) \_\_\_\_\_ e-mail address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Previous Congregation Affiliation: \_\_\_\_\_

Are husband & wife both Jewish?: \_\_\_\_\_ Date of marriage: \_\_\_\_\_

Children:

English Name

Hebrew Name

Date of birth

\_\_\_\_\_

\_\_\_\_\_

Other people in home: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_ Physician: \_\_\_\_\_

*I hereby make application to membership at congregation B'nai Zion, and if approved, I promise to abide by the constitution and by laws of the congregation. My \$25.00 deposit is enclosed.*

*Signature:* \_\_\_\_\_

## Yahrzeit Record

	English Name	Hebrew Name	Date of Death	Hebrew Date of Death
<b>Father</b>				
<b>Mother</b>				
<b>Children</b>				
<b>Other</b>				