

AFFILIATE MEMBERSHIP APPLICATION

PLEASE PRINT ALL INFORMATION

NAME _____
(YOUR FIRST AND LAST, INCLUDING ANY TITLES)

HOME ADDRESS _____

HOME TELEPHONE _____ HOME FAX _____ EMAIL _____

DATE OF BIRTH _____ MARITAL STATUS _____ DATE OF MARRIAGE _____

HEBREW NAME (Include your parents' Hebrew names - e.g. Yitzchak ben Avraham and Sara)

WERE YOU BORN JEWISH? YES / NO (if no, please provide details of conversion)

OCCUPATION _____

BUSINESS NAME _____

ADDRESS _____ CITY/STATE/ZIP _____

TELEPHONE _____ FAX _____

CELL PHONE _____

SPOUSE'S NAME _____
(FIRST AND LAST, INCLUDING ANY TITLES)

DATE OF BIRTH _____ E-MAIL _____

HEBREW NAME (Include your parents' Hebrew names - e.g. Yitzchak ben Avraham and Sara)

WERE YOU BORN JEWISH? YES / NO (if no, please provide details of conversion)

OCCUPATION _____

BUSINESS NAME _____

ADDRESS _____ CITY/STATE/ZIP _____

TELEPHONE _____ FAX _____

CELL PHONE _____

UNMARRIED CHILDREN

_____ MALE/FEMALE
ENGLISH NAME DATE OF BIRTH

_____ MALE/FEMALE
ENGLISH NAME DATE OF BIRTH

_____ MALE/FEMALE
ENGLISH NAME DATE OF BIRTH

_____ MALE/FEMALE
ENGLISH NAME DATE OF BIRTH

_____ MALE/FEMALE
ENGLISH NAME DATE OF BIRTH

MARRIED CHILDREN

NAME _____ SPOUSE'S NAME _____
NAME _____ SPOUSE'S NAME _____
NAME _____ SPOUSE'S NAME _____
NAME _____ SPOUSE'S NAME _____

Yahrzeits

ENGLISH NAME _____ HEBREW NAME _____
SECULAR DATE OF DEATH _____ HEBREW DATE _____
YOUR RELATIONSHIP TO THE DECEASED _____
ENGLISH NAME _____ HEBREW NAME _____
SECULAR DATE OF DEATH _____ HEBREW DATE _____
YOUR RELATIONSHIP TO THE DECEASED _____
ENGLISH NAME _____ HEBREW NAME _____
SECULAR DATE OF DEATH _____ HEBREW DATE _____
YOUR RELATIONSHIP TO THE DECEASED _____
ENGLISH NAME _____ HEBREW NAME _____
SECULAR DATE OF DEATH _____ HEBREW DATE _____
YOUR RELATIONSHIP TO THE DECEASED _____

(IF MORE ROOM IS NEEDED, PLEASE USE ANOTHER SHEET OF PAPER)

PRIOR SHUL AFFILIATION (FOR PAST 5 YEARS)

NAME OF SHUL _____
LOCATION _____ PHONE NUMBER _____
NAME OF SHUL _____
LOCATION _____ PHONE NUMBER _____
NAME OF SHUL _____
LOCATION _____ PHONE NUMBER _____

(IF MORE ROOM IS NEEDED, PLEASE USE ANOTHER SHEET OF PAPER)

PLEASE COMPLETE AND RETURN TO CONG. BNAI YESHURUN, 641 W. ENGLEWOOD AVE., TEANECK, NJ 07666

Affiliate membership is open to members in good standing of other community synagogues. Membership is effective upon approval by the Board of Directors and receipt of dues payment. Please return application with your check.

Annual dues-\$275.00 per year

I/We hereby apply for Affiliate Membership in Congregation Bnai Yeshurun. I/We agree to abide by the constitution and by-laws of the synagogue.

Member in good standing of _____

Today's date _____

Applicant's Signature

Applicant's Signature