

APPLICATION FOR MEMBERSHIP

We are trying to update our database. Please take a few moments to fill in this questionnaire (even if you filled it before) and return it to us. All information you provide the Congregation will be kept confidential.

Title: First Name: Last Name:

Home Address:

Phone: Cell #: (Important) Email:

Occupation/Profession/Specialization:

Business Address:

Business Phone(s): Fax Numbers:

Marital Status: Anniversary: Date of Birth:

Full Hebrew Name: Ben/Bat (father) and (Mother)

Kohen Levi Yisrael Parent's country of origin/National background:

Spouse's First Name: Last Name:

Occupation/Profession/Specialization:

Business Address: Business Phone(s):

Fax Numbers: Cell #: (Important) Email:

Full Hebrew Name: Ben/Bat (father) and

(Mother).

Parent's country of origin/National background:

Children:	Full Name / Hebrew	M / F	Birth Date	Grade	School Attending
1.			/ /		
2.			/ /		
3.			/ /		
4.			/ /		

If you or any of your children were converted, please provide a copy of the conversion document (including the dates of the conversion and the name of the Orthodox supervising Rabbi).

Hazkarot (Yartzeits): Name & Name of father or mother	Relationship	Date of death	For English Dates After Nightfall (Y/N)
1.			
2.			

I/We apply for membership in M.S.C. We declare that we are not married contrary to Jewish Law (Halacha). I/We agree to abide by the constitution, by-laws, and other rules and regulations of the congregation. Also, as member, I/We expect to enjoy all the rights and privileges set forth in the constitutions and by-laws of the congregation.

Signature: _____ Signature: _____