



# Congregation Etz Ahaim Sephardic

230 Denison St, Highland Park NJ  
(732) 247-3839

## APPLICATION FOR MEMBERSHIP

Date \_\_\_\_\_

Kindly accept my application for membership subject to your Constitution and By-laws.

Type:  Family (\$900)  Single (\$700)  Associate (\$350)

If applying for associate membership, please indicate the synagogue of primary membership: \_\_\_\_\_

Family Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

1<sup>st</sup> Member: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
First Middle Last Hebrew

Heb. Name of Father: \_\_\_\_\_ Heb. Name of Mother: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2<sup>nd</sup> Member: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
First Middle Last Hebrew

Heb. Name of Father: \_\_\_\_\_ Heb. Name of Mother: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City Zip

Wedding Date: \_\_\_\_\_

CHILDREN				
NAME	DATE OF BIRTH	SEX	HEBREW NAME	SCHOOL

Yahrzeits		
NAME OF DECEASED	RELATIONSHIP	DATE

I am/We are fully cognizant of the fact that your congregation adheres to, and is affiliated with Sephardic (Traditional) Minhag. If accepted as a member, no attempt shall ever be made by me/us to alter its traditions or mode of worship.

Signature Member \_\_\_\_\_ Signature Spouse \_\_\_\_\_

For office use: Proposed by \_\_\_\_\_ Date Accepted \_\_\_\_\_