

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

APPLICATION FOR MEMBERSHIP

DATE _____

CONGREGATION ETZ AHAIM

230 Denison Street, Highland Park, N.J. 08904

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

Family Name: _____ Home Telephone: _____

1st Member: _____ Birth Date: _____
First Middle Last Hebrew

Heb. Name of Father: _____ Heb. Name of Mother: _____

Cell Phone: _____ Email: _____

2nd 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

YAHREZITS		
NAME OF DECEASED	RELATIONSHIP	DATE

If applying for associate membership name of synagogue of primary membership: _____

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 _____