



Date : _____

MEMBERSHIP APPLICATION FORM

Dear Sir,

I _____, the undersigned do hereby apply for Membership of your Congregation.

I agree to abide by the following terms and conditions:

- 1) That this Application for Membership is subject to approval by the Council of the North Eastern Hebrew Congregation.
- 2) That the decision of the Council will be final and binding, and that no correspondence will be entered into re the Council's decision.
- 3) Should I be accepted as a Member of this Congregation, I agree to abide by the Constitution and Bye Laws of the Congregation.
- 4) That all information required on the attached questionnaire, will be answered in full and that this information is true and correct.

Yours faithfully,

Pine St. Shul

(Please complete and return to the Office)

Family Name _____

Member First name _____

Hebrew Name _____ Ben/Bat _____

Cohen/Levi/Yisrael

Birth date (optional) ____/____/____ Bus. Phone _____ Title _____

Cell phone _____

Spouse First Name _____ Maiden Name _____

Hebrew Name _____ Bat _____

Birth date (optional) ____/____/____ Bus Phone _____ Title _____

Cellphone _____

Physical Address

Postal Address (if different to Physical address)

Home Phone _____

Fax number _____

Email address _____

Anniversary Date ____/____/____

At which Shul were you married? _____

At which Shul were you last a Member? _____

Membership and seats required

Membership Only

Gents

Ladies

Yes

Children living at home

First Name _____ Sex M/F Birth date ____/____/____

Hebrew name _____ ben/bat _____

First Name _____ Sex M/F Birth date ____/____/____

Hebrew name _____ ben/bat _____

First Name _____ Sex M/F Birth date ____/____/____

Hebrew name _____ ben/bat _____

First Name _____ Sex M/F Birth date ____/____/____

Hebrew name _____ ben/bat _____

First Name _____ Sex M/F Birth date ____/____/____

Hebrew name _____ ben/bat _____

Yahrzeits

Last Name (of deceased) _____ First name _____

Hebrew Name _____ ben/bat _____

Relationship _____ (e.g. Hymie's late father, Rochel's late sister)

Civil Date ____/____/____ day/night OR Hebrew Date _____

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