

CHILDREN OF MEMBER

Child: Mr. Miss Mrs. Other

Name: _____

First Middle Last

Hebrew Name: _____ ben/bas _____

Date of Birth - English _____ Hebrew _____

Marital Status _____ Name of Spouse _____

Child: Mr. Miss Mrs. Other

Name: _____

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Additional forms are available from the office.

YOUNG ISRAEL SHOMRAI EMUNAH

OF GREATER WASHINGTON

(301)593-4465 fax: (301)593-2330

Application for Membership

Dear Applicant:

Please complete this form with payment and return in the enclosed envelope. All applicants are required to complete the "Confidential" form before membership can be considered. This form will be seen by the Rabbi only. If you have any questions regarding this form, please contact Rabbi Rosenbaum at (301)681-3988. Any other questions may be addressed to the office or the Shul President.

Date of Application _____

Name (Include name of spouse, if applicable) _____

Address _____

Telephone number _____

email address _____

Type of membership: Full \$995/yr. prorated

Associate \$550/yr. prorated

If you are applying for Associate Membership, please provide the name of the synagogue of which you are a Full Member or at which you normally daven on Shabbos and Yom Tov:

Full members are required to pay a Building Fund Assessment of \$2,000, payable at \$400/year over a period of five years, beginning with the second year of membership.

For Office Use Only

Approved for membership by

Rabbi _____

Date _____

Date approved by Board of Directors _____

MALE MEMBER

Title: Mr. Dr. Rabbi Other _____

Name: _____
Last first middle

Hebrew name: _____ ben _____

Kohen Levi Yisrael

Date of Birth: _____ Place of Birth _____

Marital Status: Married Divorced Widowed Single

If married, date of marriage: _____

Father's Name:
English: _____

Hebrew: _____ ben _____

Mother's Name:
English: _____

Hebrew: _____ bas _____

Kohen Levi Yisrael

If either parent is deceased, please state date of death:

Father: _____
English month Day Year

_____ Hebrew month Day Year

Mother: _____
English month Day Year

_____ Hebrew month Day Year

Hebrew names or words may be written in Hebrew or English transliteration.
If you need additional Yahrtzeit forms, please contact the office.

FEMALE MEMBER

Title: Mrs. Miss Ms. Dr. Other _____

Name: _____
Last first middle

Hebrew name: _____ bas _____

Maiden name, if Married: _____

Date of Birth: _____ Place of Birth _____

Marital Status: Married Divorced Widowed Single

Father's Name:
English: _____

Hebrew: _____ ben _____

Kohen Levi Yisrael

Mother's Name:
English: _____

Hebrew: _____ bas _____

Kohen Levi Yisrael

If either parent is deceased, please state date of death:

Father: _____
English month Day Year

_____ Hebrew month Day Year

Mother: _____
English month Day Year

_____ Hebrew month Day Year

Hebrew names or words may be written in Hebrew or English transliteration.
If you need additional Yahrtzeit forms, please contact the office.

Young Israel Shomrai Emunah
CONFIDENTIAL MEMBERSHIP FORM

This form will be reviewed by Rabbi Rosenbaum before your membership application is submitted to the YISE Board for approval. The Rabbi will contact you directly if he has any questions.

1. Have you ever been married before, and did that marriage end in divorce?

Male Member: Yes No
Female Member Yes No

If yes, please enclose a copy of the divorce document.

2. Are any of the children in your family adopted? Yes No

3. Were you adopted?

Male Member: Yes No
Female Member Yes No

4. Did you convert to Judaism?

Male Member: Yes No
Female Member Yes No

If yes, please enclose a copy of the conversion document.

5. To the best of your knowledge:

a. Were your parents born of a Jewish mother?

Male Member: Yes No
Female Member Yes No

b. Were your parents converted to Judaism?

Male Member: Yes No
Female Member Yes No

c. Were either of your parents divorced prior to your birth?

Male Member: Yes No
Female Member Yes No

6. If married, please indicate:

Place of Marriage _____

Officiating Rabbi _____

Signed: _____ Date _____

Husband

_____ Date _____

Wife

Phone Number: _____