

### 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: \_\_\_\_\_

First Middle Last

Hebrew Name: \_\_\_\_\_ ben/bas \_\_\_\_\_

Date of Birth - English \_\_\_\_\_ Hebrew \_\_\_\_\_

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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  \$1,090/yr. prorated

Associate \$600/yr. prorated Other \_\_\_\_\_

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: \_\_\_\_\_