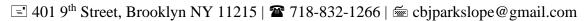
CONGREGATION B'NAI JACOB





MEMBERSHIP / 5781

PLEASE FILL OUT <u>COMPLETELY.</u>			
APPLICANT 1 (NAME (FIRST AND LAST))		APPLICANT 2 (SPOUSE/HOUSE	EHOLD MEMBER NAME (FIRST & LAST))
HOME ADDRESS – STREET, APARTMENT NO., CITY, STATE, ZIP		I	PLEASE INDICATE (FOR ALIYA PURPOSES)
			☐ COHEN ☐ LEVI ☐ YISRAEL
EMAIL ADDRESS		PHONE #1	PHONE #2
HEBREW NAMES OF PARENTS OF ADUI	LT APPLICANTS (if kn	own)	
APPLICANT 1 FATHER		APPLICANT 2 FATHER	
APPLICANT 1 MOTHER		APPLICANT 2 MOTHER	
DI FASE INDICATE PREFERRED TVRE OF	NATNADEDSLUD	1	
PLEASE INDICATE PREFERRED TYPE OF MEMBERSHIP			
☐ SINGLE MEMBERSHIP - \$420		☐ SUSTAINING SINGLE MEMBERSHIP* - \$640	
☐ FAMILY MEMBERSHIP - \$750		☐ SUSTAINING FAMILY MEMBERSHIP* - \$1130	
*Sustaining membership includes one Kidd events.	lush sponsorship, free	reserved High Holy Da	y seats, and admission to selected special
PLEASE INDICATE NAMES AND BIRTHD	AYS OF EVERY FAMI	LY MEMBER (FOR FA	MILY MEMBERSHIP ONLY)
ENGLISH NAME	HEBREW NAME	,	DATE OF BIRTH
YAHRTZEIT INFORMATION (optional)			
NAME OF RELATIVE	RELATIONSHIP (mother, father, etc.)		YAHRTZEIT DATE