

בית הכנסת בקור חולים מחזיקי הדת
Bikur Cholim-Machzikay Hadath Congregation

EST. 1891

5145 SOUTH MORGAN STREET SEATTLE, WASHINGTON 98118 TELEPHONE (206) 721-0970 FAX (206) 723-0679

FAMILY MEMBERSHIP APPLICATION
(Please Record All Info In ENGLISH)

HUSBAND

WIFE

NAMES: _____

HEBREW NAMES: _____

ADDRESS: _____ PHONE: (____) _____

BIRTHDATES: _____

OCCUPATIONS: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: (____) _____ (____) _____

WEDDING DATE: _____ E-MAIL ADDRESS(S) _____

BAR MITZVAH PARSHA: _____ KOHEN / LEVI / ISRAEL (Circle One)

Are you a member of any other Synagogue? _____ If so, please list the name(s) here: _____

Has any member of your family been converted? Yes _____ No _____ If yes, please attach a copy of the conversion certificate.

Yahrzeit Dates: (If applicable) (PLEASE RECORD IN ENGLISH) – See back if additional space needed

<u>English Date</u>	<u>Hebrew Date(In English)</u>	<u>Name and Relationship</u>
_____	_____	for _____
_____	_____	for _____
_____	_____	for _____
_____	_____	for _____

CHILDREN: (PLEASE RECORD ALL INFO IN ENGLISH) – See back if more than 5 kids

	<u>Name</u>	<u>Birthdate</u>	<u>Marital Status</u>	<u>Bar Mitzvah Parsha</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

 (Signature) _____
 (Date)

 (Signature) _____
 (Date)

RABBI'S NOTES

For Office Use

BOARD ACTION: APPROVED NOT APPROVED DATE OF ACTION _____

DUES: STANDARD \$ _____ PER YEAR CHARTER MEMBER DUES: \$ _____ PER YEAR

CHILDREN: (PLEASE RECORD ALL INFO IN ENGLISH)

	Name	Birthdate	Marital Status	Bar Mitzvah Parsha
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

Yahrzeit Dates: (If applicable) (PLEASE RECORD IN ENGLISH)

<u>English Date</u>	<u>Hebrew Date(In English)</u>	<u>Name and Relationship</u>
_____	_____	for _____
_____	_____	for _____
_____	_____	for _____
_____	_____	for _____