

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

SINGLE MEMBERSHIP APPLICATION

(PLEASE RECORD ALL INFO IN ENGLISH)

NAME: _____ E-MAIL ADDRESS: _____

HEBREW NAME: _____ HM PHONE(____) _____

ADDRESS: _____ WK PHONE (____) _____

BIRTHDATE: _____ OCCUPATION: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

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**

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

CHILDREN (If Applicable): Name	Birthdate	Marital Status	Bar Mitzvah Parsha
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