

Kerhonkson Synagogue/Congregation Tifereth Yehuda v'Yisrael
PO Box 587
Kerhonkson, NY 12446
www.kerhonksonsynagogue.org
kerhonksonsynagogue@gmail.com

MEMBERSHIP APPLICATION

Individual ___ **Family** ___

Personal Information

Name Title: ___ First: _____ Middle: ___ Last: _____

Gender: _____

Relationship Status: _____

Birth date (mm/dd/yyyy) ___/___/___

Contact Information

Home Address

Address Line 1 _____

Address Line 2 _____

City _____

State and Zip _____ Zip _____

Telephone (____) _____

Email _____

Occupation (optional)

Occupation / Title _____

Company Name _____

Other Background Information (optional, if known)

Your Hebrew Name: _____

Your Father's Hebrew Name: _____

Your Mother's Hebrew Name: _____

Do you observe any Yahrzeits of which you would like us to be aware? ___

Our custom is to remind congregants of the Yahrzeits (anniversary of death) of their loved ones.

Additional Family Member information

Name Title: __ First: _____ Middle: __ Last: _____

Gender: _____

Relationship Status: _____

Birthdate (mm/dd/yyyy) __/__/____

Occupation (optional)

Occupation / Title _____

Company Name _____

Other Background Information (optional, if known)

Hebrew Name: _____

Father's Hebrew Name: _____

Mother's Hebrew Name: _____

Family Member information - Children

Name First: _____ Middle: __ Last: _____

Birthdate (mm/dd/yyyy) __/__/____

Name First: _____ Middle: __ Last: _____

Birthdate (mm/dd/yyyy) __/__/____

Name First: _____ Middle: __ Last: _____

Birthdate (mm/dd/yyyy) __/__/____

Other Background Information (optional, if known)

Hebrew Name: _____

I (we) apply for membership in the Kerhonkson Synagogue Community/ Congregation Tifereth Yehuda v'Yisrael. If accepted I (we) promise to abide by its constituent and by-laws; to aid the congregation in maintaining its high standards of spiritual, educational, and social activities to the best of my (our) ability.

SIGNATURE: _____ DATE: __/__/____

SIGNATURE: _____ DATE: __/__/____