

# CONGREGATION BAIS TORAH MEMBERSHIP APPLICATION

Date \_\_\_\_\_

Last name \_\_\_\_\_

First name (English) \_\_\_\_\_

First name (Hebrew) \_\_\_\_\_ בן/בת

Spouse's first name (English) \_\_\_\_\_

Spouse's first name (Hebrew) \_\_\_\_\_ בן/בת

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

E-mail address \_\_\_\_\_

Check here if you do not wish to receive the weekly bulletin and e-mail updates

Type of membership  Full \$750\*  Associate \$350

\*Plus \$54 for membership in the Chevra Kadisha and Eruv

Please tell us about your family:

Husband is a  Kohen  Levi  Yisroel

Husband's Heb. birthday \_\_\_\_\_ Bar Mitzvah Parsha \_\_\_\_\_

Please list the names and ages of unmarried children living at home:

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list other members of the applicant's immediate family for our gabbaim:

Relationship to applicant	English Name	Hebrew Name
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(continued on reverse side)

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Relationship to applicant	English Name	Hebrew Name
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list your family's yahrzeits:

Relationship	English Name	Hebrew Name
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Bais Torah invites you to continue its tradition of service to the klal.

Please tell us about your expertise, interests and committees you would be interested in assisting:

- |                                      |                                     |  |                                   |
|--------------------------------------|-------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Newsletter  | <input type="checkbox"/> Publicity  | <input type="checkbox"/> Gabbaim       | <input type="checkbox"/> Shiurim  |
| <input type="checkbox"/> Catering    | <input type="checkbox"/> Sisterhood | <input type="checkbox"/> Annual Dinner | <input type="checkbox"/> Graphics |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Youth      |  |                                   |

Other interests (please describe) \_\_\_\_\_

I hereby apply for membership in Congregation Bais Torah:

Signed \_\_\_\_\_

Date \_\_\_\_\_

Please return this form with payment to:  
 Congregation Bais Torah  
 89 West Carlton Road · Suffern, NY 10901 · 845-352-1343 · [www.baistorah.org](http://www.baistorah.org)  
 Attention: David Lehmann