

BETH ISRAEL CONGREGATION

600 Wicomico Street • Salisbury, MD 21801
410/742-2564 • www.bethisraelsalisbury.org

Beth Israel Synagogue - Membership Application

Today's date _____

Family name _____

Membership Category: Family Single Student Associate*

**for those living outside the area served by Beth Israel or who are members at another local synagogue*

Home address _____

Home phone _____

E-mail address _____

Your name _____

Cohen ()

Levite ()

Israelite ()

Date of Birth _____

Occupation _____

Work phone _____

Your Father's name: (English) _____ (Hebrew) _____

Your Spouse's name _____

Cohen ()

Levite ()

Israelite ()

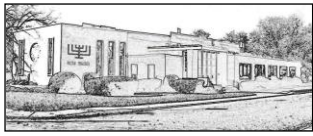
Not Jewish ()

Date of Birth _____

Occupation _____

Work phone _____

Your Spouse's Father's name (English) _____ (Hebrew) _____



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Children in family:

1. Name _____
Hebrew Name _____
Date of Birth _____
School & Grade _____

2. Name _____
Hebrew Name _____
Date of Birth _____
School & Grade _____

3. Name _____
Hebrew Name _____
Date of Birth _____
School & Grade _____

4. Name _____
Hebrew Name _____
Date of Birth _____
School & Grade _____

Yahrzeits

Please list below all *yahrzeits* (English and Hebrew names and Hebrew dates, if you know them) you would like to have remembered, and we will notify in advance of each date.

Please return completed application to:
Beth Israel Synagogue, 600 Camden Ave, Salisbury, MD 21801.
Questions? Please call Julie Thompsen at 410-742-2564.