



קהילה קדושה בית אחים

The Brotherhood Synagogue ב"ה

28 Gramercy Park South
New York, NY 10003

Phone (212) 674-5750 Fax (212) 505-6707
www.brotherhoodsynagogue.org

Dear Prospective Congregant:

The Brotherhood Synagogue extends to you a warm hand of friendship and, in keeping with the rabbinic dictum, "separate not thyself from the community," invites you to join our congregation for prayer, study, and meeting with friends. The Brotherhood Synagogue is a welcoming congregation in the Conservative Jewish tradition.

By filling out this form as fully as possible, you will help us to serve your needs to the best of our ability. We look forward to a long and meaningful relationship.

Application for Membership

This information is intended only for synagogue records. *Please print neatly!*

Adult 1

Title: Mr. / Ms. / Mrs. / Dr. _____

Gender: Male / Female _____

Name _____

Hebrew Name _____

Father's Hebrew Name _____

Mother's Hebrew Name _____

Birthday (mm/dd/yy) _____

Kohen / Levi / Israelite (circle one if known)

Marital Status: Single / Married _____

Marriage date (if applicable): _____

Occupation/Title _____

Company Name / Service _____

Cell Phone _____

E-mail _____

Work Address _____

Work Phone _____

Adult 2

Title: Mr. / Ms. / Mrs. / Dr. _____

Gender: Male / Female _____

Name _____

Hebrew Name _____

Father's Hebrew Name _____

Mother's Hebrew Name _____

Birthday (mm/dd/yy) _____

Kohen / Levi / Israelite (circle one if known)

Marital Status: Single / Married _____

Marriage date (if applicable): _____

Occupation/Title _____

Company Name / Service _____

Cell Phone _____

E-mail _____

Work Address _____

Work Phone _____

Home Address

Name _____
Street Address _____ Apt. # _____
City _____ State _____ Zip _____
Home Phone _____ Fax Number _____

Child 1

Name _____
Hebrew Name _____
Birthday (mm/dd/yy) _____
Gender: Male / Female
School or Occupation: _____

Child 2

Name _____
Hebrew Name _____
Birthday (mm/dd/yy) _____
Gender: Male / Female
School or Occupation: _____

Child 3

Name _____
Hebrew Name _____
Birthday (mm/dd/yy) _____
Gender: Male / Female
School or Occupation: _____

Child 4

Name _____
Hebrew Name _____
Birthday (mm/dd/yy) _____
Gender: Male / Female
School or Occupation: _____

Yahrzeit Observance

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

Name of Loved One _____ Date of Death (mm/dd/yy) _____ Relative of _____ Relationship _____ Observance: Hebrew or Secular (circle one)	Name of Loved One _____ Date of Death (mm/dd/yy) _____ Relative of _____ Relationship _____ Observance: Hebrew or Secular (circle one)
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Interests and Activities

We encourage all members of the congregation to take an active part in synagogue life. We would very much like you to choose one or more areas of interest.

I/We are interested in learning more about the following:

<u> </u> (Name)	<u> </u> (Name)	
<u> </u>	<u> </u>	Adult Education—Developing courses and classes
<u> </u>	<u> </u>	Fundraising—Planning fundraising projects
<u> </u>	<u> </u>	Interfaith—Building bridges to other faiths
<u> </u>	<u> </u>	Israel—Educating the community about Israel
<u> </u>	<u> </u>	Music—Participating in volunteer choir and music programming
<u> </u>	<u> </u>	Programming—Arranging cultural and social programs
<u> </u>	<u> </u>	Religious Services—Chanting Torah or Haftarah
<u> </u>	<u> </u>	Social Action—Working on projects to meet community needs

How did you hear about Brotherhood Synagogue?

- Live in the neighborhood
- Word of mouth
- Internet
- Congregant (if so, who?) _____
- Other _____

Additional comments:

* Your membership will be activated upon receipt of dues payment.