

Congregation Tiferes Yisroel Membership Application

Last Name: _____

Home Address: _____

Home Phone: (____) _____ - _____

Member:

First Name: _____ Middle: _____ Last: _____

Hebrew Name: _____ *ben* _____

[] Kohen [] Levi [] Yisroel

English Birth date: ____/____/____ Hebrew Birth date: _____

Occupation: _____ Business Phone: (____) _____ - _____

Email address: _____

Place of Birth: _____

Father's full name: English: _____

Hebrew: _____ *ben* _____

Mother's full (maiden) name: English: _____

Hebrew: _____ *bas* _____**Spouse:**

First Name: _____ Middle: _____ Last: _____

Hebrew Name: _____ *bas* _____

English Birth date: ____/____/____ Hebrew Birth date: _____

Occupation: _____ Business Phone: (____) _____ - _____

Email address: _____

Place of Birth: _____

Father's full name: English: _____

Hebrew: _____ *ben* _____

Mother's full (maiden) name: English: _____

Hebrew: _____ *bas* _____

Married members please indicate date of marriage: ____/____/____

___ **Yes! I would like to receive shul communications via email at the following email address:**

Children:

First Name: _____ Middle: _____ Last: _____

Hebrew Name: _____

English Birth date: ___/___/_____ Hebrew Birth date: _____

First Name: _____ Middle: _____ Last: _____

Hebrew Name: _____

English Birth date: ___/___/_____ Hebrew Birth date: _____

First Name: _____ Middle: _____ Last: _____

Hebrew Name: _____

English Birth date: ___/___/_____ Hebrew Birth date: _____

First Name: _____ Middle: _____ Last: _____

Hebrew Name: _____

English Birth date: ___/___/_____ Hebrew Birth date: _____

First Name: _____ Middle: _____ Last: _____

Hebrew Name: _____

English Birth date: ___/___/_____ Hebrew Birth date: _____

First Name: _____ Middle: _____ Last: _____

Hebrew Name: _____

English Birth date: ___/___/_____ Hebrew Birth date: _____

First Name: _____ Middle: _____ Last: _____

Hebrew Name: _____

English Birth date: ___/___/_____ Hebrew Birth date: _____

First Name: _____ Middle: _____ Last: _____

Hebrew Name: _____

English Birth date: ___/___/_____ Hebrew Birth date: _____

Yarzeits Observed:

Yarzeit Individual's English Name: _____

Hebrew name: _____ [] Ben [] Bas

Father's Hebrew Name: _____ [] Kohen [] Levi [] Yisroel

Yarzeit date _____

Member Name: _____ Relationship: _____

Yartzheit Individual's English Name: _____
Hebrew name: _____ [] Ben [] Bas
Father's Hebrew Name: _____ [] Kohen [] Levi [] Yisroel
Yartzheit date _____
Member Name: _____ Relationship: _____

Yartzheit Individual's English Name: _____
Hebrew name: _____ [] Ben [] Bas
Father's Hebrew Name: _____ [] Kohen [] Levi [] Yisroel
Yartzheit date _____
Member Name: _____ Relationship: _____

Yartzheit Individual's English Name: _____
Hebrew name: _____ [] Ben [] Bas
Father's Hebrew Name: _____ [] Kohen [] Levi [] Yisroel
Yartzheit date _____
Member Name: _____ Relationship: _____

Programming: Can you volunteer for any shul committees? Which ones? Check all that apply.

[] Fundraising [] Banquet [] Newsletter [] Chesed [] Telephone Squad
[] Building Maintenance [] Children's Programming [] Teen Programming
[] Adult and Family Programming [] Other: _____

What activities would you like to see the shul sponsor? _____

Type of Membership:

___ Guardian (\$7,200/year) ___ Golden Chai (\$5,400/year) ___ Silver Chai (\$3,600/year)
___ Chai (\$1,800/year) ___ Donor (\$1,000/year) ___ Family (\$600/year)
___ Individual (\$400.00/year) ___ Associate (\$300.00/year)

Please check one. Note that membership dues are the shul's primary means of supporting itself.

Signature of Applicant(s): _____ Date: _____

_____ Date: _____

Thank you for mailing this form along with your check made payable to
Congregation Tiferes Yisroel to:

*Louis Rosenstock
Tiferes Yisroel Membership Chairman
3335-A Clarks Lane
Baltimore, MD 21215*

Online applicants will be notified once your application has been received for processing.