

MEMBERSHIP APPLICATION

Date _____

I / We hereby apply for membership in Congregation Beth Hakneses Hachodosh.

Name _____
(Mr./Dr./Mrs./Ms.) Last First M.I.

Hebrew Name _____

Men:	Kohen_____	Levi_____	Yisrael_____
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Spouse _____
(Mr./Dr./Mrs./Ms.) Last First M.I.

Hebrew Name _____

Men:	Kohen____	Levi____	Yisrael____
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Address _____
House/apt # Street City State Zip

E-mail _____

Telephone (_____) _____

<u>Membership Category</u>	
Full_____	Associate_____