



Membership Application Form

Personal Information

Family name: _____

Main address: _____

Your Details

First Name _____ Hebrew Name _____ Cohen Levi Yisroel Convert

DOB _____ Father's Hebrew Name _____ Mother's Hebrew Name _____
Specify: Day / Evening

Work Phone _____ Cell _____ email _____

Employer _____ Occupation _____

Your Spouse's Details

First Name _____ Hebrew Name _____ Cohen Levi Yisroel Convert

DOB _____ Father's Hebrew Name _____ Mother's Hebrew Name _____
Specify: Day / Evening

Work Phone _____ Cell _____ email _____

Employer _____ Occupation _____

Marital Status

Married, Anniversary _____ Never been married Widowed, Date _____

Divorced, Date _____ "Get" administered by _____

Children

Name	Hebrew Name	DOB	M/F	School
_____	_____	_____ <small>Specify: Day / Evening</small>	_____	_____
_____	_____	_____ <small>Specify: Day / Evening</small>	_____	_____
_____	_____	_____ <small>Specify: Day / Evening</small>	_____	_____
_____	_____	_____ <small>Specify: Day / Evening</small>	_____	_____
_____	_____	_____ <small>Specify: Day / Evening</small>	_____	_____



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Conversions

Have there been any conversions in the family? (parents, grandparents, great-grandparents, etc.)

No Yes, conversion administered by _____

City/State _____ Year _____

Yartzeits (parents or children)

Name: English / Hebrew / Last	Father's Hebrew Name	Relationship	Date/Time of Death
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Membership Dues

Nobody will be turned away due to lack of funds. Please circle the option of your choice:

Age Group	Individual	Family
35+	\$800	\$1600
70+ (Senior Dues)	\$800	\$1100
33-34	\$650	\$1300
30-32	\$525	\$950
Under 30	\$200	\$350
Sunday/Hebrew School (first year)		\$540
Sunday/Hebrew School (year 2)		\$720
Sunday/Hebrew School (year 3)		\$900

Funds

Nobody will be turned away due to lack of funds. Please circle the option of your choice for **each** fund:

Building Fund \$300 annually \$25 monthly Contact me to discuss

7400 Falls of Neuse Rd., Raleigh, NC 27615 Phone: 919.847.8986 Fax: 919.847.3142

www.JewishRaleigh.org E-mail: info@jewishraleigh.org



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- Capital Fund \$5,000 onetime fee Contact me to discuss

Committees

Please circle the committee(s) that you would like to participate in. *If no committee is selected then one will be chosen for you.*

- Education Finance Fund raising Facilities maintenance
 Membership Publicity Ritual Social

Club's

Please circle the clubs(s) that you would like to participate in. *Participation is entirely voluntary.*

- Men's Club Sisterhood

Additional Information

Please provide any information that the Rabbi may need to know. All information is kept confidential.
