



# MEMBERSHIP APPLICATION

## Individuals

**TYPE OF MEMBERSHIP:**  Full  Associate

Mr.  Mrs.  Miss/Ms.  Dr.  Rabbi

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Home Phone

\_\_\_\_\_

Cell Phone

\_\_\_\_\_

Date Of Birth

\_\_\_\_\_

Email Address

\_\_\_\_\_

Business Name

\_\_\_\_\_

Business Address

\_\_\_\_\_

Business Phone

\_\_\_\_\_

Hebrew Name

\_\_\_\_\_

Bar Mitzvah Sedrah (if applicable)

**I am a:**  Kohen  Levi  Yisroel

**Father's Name**

(English) \_\_\_\_\_

(Hebrew) \_\_\_\_\_

**Mother's Name**

(English) \_\_\_\_\_

(Hebrew) \_\_\_\_\_

**If a parent is deceased please indicate date of death**

Father english date \_\_\_\_\_

Father hebrew date \_\_\_\_\_

Mother english date \_\_\_\_\_

Mother hebrew date \_\_\_\_\_

**If any other memorial anniversaries (Yahrzeits) are observed, please indicate here**

Name \_\_\_\_\_

Date \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_ Relationship \_\_\_\_\_

**Child(ren)'s Information**

English name \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ School \_\_\_\_\_

English name \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ School \_\_\_\_\_

\_\_\_\_\_

Other synagogue affiliation(s) (if any)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Please return form to** Michael Ebner  
25194 Bridgeton Dr.  
Beachwood, OH 44122

or email the pdf to [president@beachwoodkehilla.com](mailto:president@beachwoodkehilla.com)