

## **Membership Application**

Name:			Hebrew Name:	
Father's Hebrew Name:			Mother's Hebrew Name:	
Circle one (if applicable):	Kohen	Levi	Yisrael	
Address:				
Phone (home):			Phone (mobile):	
Email address:				
Spouse's Name:			Hebrew Name:	
Father's Hebrew Name:			Mother's Hebrew Name:	
Circle one (if applicable):	Kohen	Levi	Yisrael	
Address:				
Phone (mobile):		_	Email address:	
Anniversary:				
Children's names (English an	d Hebrew) a	nd birthdat		

If applicant, spouse, or children have converted to Judaism please attach copies of conversion documents.

## SHA'AREI TORAH 🗯 ק"ק ש"ערי תורה

## Yahrtzeits observed:

1. Name (Hebrew/English) and relationship:	
Yahrtzeit date (Hebrew):	(English):
2. Name (Hebrew/English) and relationship:	
Yahrtzeit date (Hebrew):	(English):
3. Name (Hebrew/English) and relationship:	
Yahrtzeit date (Hebrew):	(English):
4. Name (Hebrew/English) and relationship:	
Yahrtzeit date (Hebrew):	(English):
Other pertinent information:	

Note: Final decisions on the eligibility of potential applicants for membership rest with our halakhic authority/posek.