

# PARK EAST SYNAGOGUE

163 EAST 67<sup>TH</sup> ST. • NEW YORK, NY 10065 • (212) 737-6900 • Fax (212) 570-6348

info@parkeastsynagogue.org

## MEMBERSHIP APPLICATION

### GENERAL APPLICANT INFORMATION

Name of Applicant(s):

Current address:

City:	State:	ZIP Code:
Phone:	Cell:	Email:

Mailing Address (if different from above):

City:	State:	ZIP Code:
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Present and/or previous Synagogue affiliation and Location:

Communal Affiliations (local, national, int'l):	Introduced by:
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### MAN

Name: Last	First	Middle	Title
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widower			
Occupation/Profession:			Company Name:
Business Address:			
City:	State:	ZIP Code:	
Date of Birth (mm/dd/yyyy):		Wedding Anniversary (mm/dd/yyyy):	
Hebrew Name:		<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisrael	
Father's Name:		Hebrew:	
Mother's Name:		Hebrew:	

### WOMAN

Name: Last	First	Middle	Title
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow			
Occupation/Profession:			Company Name:
Business Address:			
City:	State:	ZIP Code:	
Date of Birth (mm/dd/yyyy):		Wedding Anniversary (mm/dd/yyyy):	
Hebrew Name:		<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisrael	
Father's Name:		Hebrew:	
Mother's Name:		Hebrew:	

### CHILDREN

English Name	Hebrew Name	DOB (mm/dd/yyyy)	School	Grade/Year

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**MEMBERSHIP APPLICATION**

**Yahrzeit**

Date of Yahrzeit (Man's Mother):	Hebrew Name:	English Name:
Date of Yahrzeit (Man's Father):	Hebrew Name:	English Name:
Date of Yahrzeit (Woman's Mother):	Hebrew Name:	English Name:
Date of Yahrzeit (Woman's Father):	Hebrew Name:	English Name:

**OTHER Yahrzeits**

Name:	Date:	Hebrew Name:	English Name:	Relationship:
Name:	Date:	Hebrew Name:	English Name:	Relationship:
Name:	Date:	Hebrew Name:	English Name:	Relationship:

**PLEASE TELL ME MORE ABOUT:**

<input type="checkbox"/> Shabbat Announcements	<input type="checkbox"/> Sisterhood	<input type="checkbox"/> Film Society	<input type="checkbox"/> Grandparents Club
<input type="checkbox"/> Sunday Shkola (Sunday School)	<input type="checkbox"/> Day School	<input type="checkbox"/> Young Couples	<input type="checkbox"/> Youth Enrichment
<input type="checkbox"/> Men's Club	<input type="checkbox"/> Adult Education	<input type="checkbox"/> Daf Yomi	<input type="checkbox"/> Special Events

**SIGNATURES**

PLEASE ENROLL me/us as a member of Park East Synagogue with all the privileges of membership, subject to the By-Laws of the Congregation. I/We agree to pay \_\_\_\_\_ membership dues each year. *(Payment must accompany application.)*

Signature of applicant:	Date:
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