

Blake St Hebrew Congregation Membership Application Form

Family Name	
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Address Phone Mobile Fax Yisrael / Levi / Cohen (please circle one)

Email 1

Email 2

Please complete the following section, including all children and any non-members at the above address, indicating who requires a membership & seat allocation

Seat Req'd ✓	English Name	M/F	Hebrew Name *	Ben / Bat	Father's Hebrew name *	Mother's Hebrew name *	Date of Birth	Job / Profession or school	Bar/Bat Mitzvah Parsha

(*Please write Hebrew names in ENGLISH, not in Hebrew)

If married :

Date	Synagogue	City / Country	Officiating Rabbi

Blake Street is an Orthodox Congregation and as such, in accordance with its constitution, can only offer membership to people who are Halachically Jewish. Your signature acknowledges that all persons applying for Membership on this form meet this requirement.

.....
(signature)

If you wish us to notify you on the anniversary of any family Yahrzeits, or would like relative's names read out at Yizkor, please provide the following details:

Member's Name	Deceased's English Name	Hebrew Name *	Hebrew Date (or English date with year)	Relationship to member	Read during Yizkor ? (Yes/No)	Donation for each Yizkor reading

