

SINGLE CHILDREN UNDER 30 YEARS OF AGE WHO LIVE AT HOME

English Name _____
Hebrew Name (in English) _____
Gender ___ Birth Date _____ Bar/Bat Mitzvah Date _____

English Name _____
Hebrew Name (in English) _____
Gender ___ Birth Date _____ Bar/Bat Mitzvah Date _____

English Name _____
Hebrew Name (in English) _____
Gender ___ Birth Date _____ Bar/Bat Mitzvah Date _____

English Name _____
Hebrew Name (in English) _____
Gender ___ Birth Date _____ Bar/Bat Mitzvah Date _____

Yahrzeits (for Mother, Father, Sister, Brother, Children Only)

(Complete if you wish to receive Yahrzeit notices)

Full English name _____
Hebrew name in English _____
Relationship to you _____
English Date of Death (m/d/y) _____
 Before sunset After sunset Memorial Plaque at Adath? Yes No

Full English name _____
Hebrew name in English _____
Relationship to you _____
English Date of Death (m/d/y) _____
 Before sunset After sunset Memorial Plaque at Adath? Yes No

Full English name _____
Hebrew name in English _____
Relationship to you _____
English Date of Death (m/d/y) _____
 Before sunset After sunset Memorial Plaque at Adath? Yes No

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Hebrew name in English _____
Relationship to you _____
English Date of Death (m/d/y) _____
 Before sunset After sunset Memorial Plaque at Adath? Yes No

Full English name _____
Hebrew name in English _____
Relationship to you _____
English Date of Death (m/d/y) _____
 Before sunset After sunset Memorial Plaque at Adath? Yes No

Please complete & return in the enclosed envelope.
Upon receipt, the office will call you to schedule
an appointment with our Executive Director.

MEMBERSHIP APPLICATION

FAMILY NAME _____

DATE OF APPLICATION _____

ADATH
JESHURUN
CONGREGATION



עדת ישורון

Please print or type and complete all information requested.

Address _____ City _____ State _____ Zip _____

Home Phone No. _____ Marital Status: Single Divorced Widowed Married Date of Marriage _____

Head of Household #1

Full Name _____

Nickname _____ Date of Birth _____

E-mail Address _____

Cell Phone Number _____

Fax Number _____

Occupation/Profession _____

Employer _____

Business Address _____

Business Phone _____

Religion _____ Conversion Date _____

Hebrew Name *(in English)* _____

Tribe (Cohen, Levi or Israel) _____

Bar/Bat Mitzvah Date (M/D/YEAR) _____

Blood Donor Yes No Blood Type _____

Special Household Unwed Partners/Couple
 Interfaith Couple Parents of Interfaith Couple

Parents' Names (father) _____

(Mother) _____

Relatives at Adath _____

Name and City of previous congregation affiliation and last year of affiliation*

Head of Household #2

Full Name _____

Nickname _____ Date of Birth _____

E-mail Address _____

Cell Phone Number _____

Fax Number _____

Occupation/Profession _____

Employer _____

Business Address _____

Business Phone _____

Religion _____ Conversion Date _____

Hebrew Name *(in English)* _____

Tribe (Cohen, Levi or Israel) _____

Bar/Bat Mitzvah Date (M/D/YEAR) _____

Blood Donor Yes No Blood Type _____

Special Household Unwed Partners/Couple
 Interfaith Couple Parents of Interfaith Couple

Parents' Names (father) _____

(Mother) _____

Relatives at Adath _____

Name and City of previous congregation affiliation and last year of affiliation*

*It is the policy of synagogues in the Twin Cities that synagogues may only accept new members who left their previous synagogue in good standing with all dues and pledges fully paid. If you have any problem with us contacting your prior synagogue, please call the Executive Director to explain.