

# K'HAL ADATH JESHURUN, INC.

700 West 186<sup>th</sup> St ♦ New York, NY 10033  
(212) 923-3582 ♦ Fax: (212) 781-4275 ♦ Email: office@kajinc.org



## MEMBERSHIP APPLICATION

Legal Name \_\_\_\_\_  
Title First Middle Last

Name by which you prefer to be addressed, if different \_\_\_\_\_

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

Hebrew names may be written in Hebrew or English transliteration  Kohen  Levi  Yisroel

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Maternal Grandmother's Hebrew Name \_\_\_\_\_

Marriage performed by \_\_\_\_\_ in \_\_\_\_\_ on \_\_\_\_\_

Father's Name - English \_\_\_\_\_  
First Middle

Hebrew \_\_\_\_\_ ben \_\_\_\_\_

Mother's Name-English \_\_\_\_\_  
First Middle

Hebrew \_\_\_\_\_ bas \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Maternal Grandmother's Hebrew Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Please indicate if you would like to receive important notifications via text message (name of carrier must be provided): \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
City County

Bar Mitzvah Parsha \_\_\_\_\_ Education \_\_\_\_\_

If you observe any Yahrzeits, please give the following information:

Name of Deceased	Date of Death	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature \_\_\_\_\_ Date \_\_\_\_\_

Our newsletter will be emailed to you at any email addresses you indicate. There is a \$30 annual subscription charge to receive hard copies via regular first class mail. If you wish to receive the newsletter via first class mail please check here.

If you wish to receive levayo announcements by phone (at no additional charge), please indicate the phone number(s)

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## SPOUSE

Name (legal) \_\_\_\_\_  
Title First Middle Last

Name by which you prefer to be addressed, if different \_\_\_\_\_

Hebrew Name \_\_\_\_\_  
Hebrew names may be written in Hebrew or English transliteration

Maiden name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
City County

Father's Name - English \_\_\_\_\_  
First Middle

Hebrew \_\_\_\_\_ ben \_\_\_\_\_

Mother's Name - English \_\_\_\_\_  
First Middle

Hebrew \_\_\_\_\_ bas \_\_\_\_\_

Maternal Grandmother's Hebrew Name \_\_\_\_\_ Additional phone numbers \_\_\_\_\_

Education \_\_\_\_\_

If you observe any Yahrzeits, please give the following information:

Name of Deceased	Date of Death	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please indicate if you would like to receive important notifications via text message (name of carrier must be provided):

\_\_\_\_\_

