

# K'HAL ADATH JESHURUN, INC.

700 West 186<sup>th</sup> Street

New York, NY 10033

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## MEMBERSHIP APPLICATION

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

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

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

Hebrew names may be written in Hebrew or English transliteration

Kohen       Levi       Yisroel

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

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

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

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

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

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

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

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

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

Bar Mitzvah Parsha \_\_\_\_\_ Cell phone: \_\_\_\_\_

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

E-mail Address \_\_\_\_\_ Other Phone Numbers \_\_\_\_\_

Education \_\_\_\_\_ Marital status \_\_\_\_\_

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

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

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

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