



K'HAL ADATH JESHURUN, INC.

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MEMBERSHIP APPLICATION

Name (legal) _____
First Middle Last Maiden name, if applicable

Name by which you prefer to be addressed, if different _____

Hebrew Name _____ Mother's maiden name _____
Hebrew names may be written in Hebrew or English transliteration

Home Address _____

City/State/Zip _____ Marital status _____

Occupation _____ Maternal Grandmother's Hebrew Name _____

Home Phone _____ Business Phone _____

Cell number _____ Other Phone Numbers _____

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

Father's Name - English _____
First Middle

Hebrew _____ ben _____

Mother's Name-English _____
First Middle

Hebrew _____ bas _____

Education _____

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

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

E-mail Address(es) _____

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 _____