

# CONGREGATION KETER TORAH

Teaneck, NJ 07666

600 Roemer Avenue

(201) 907-0180

FAX: (201) 907-0924

## **AFFILIATE MEMBERSHIP FORM**

\$295 ANNUAL DUES

DATE \_\_\_\_\_

### **FAMILY**

### **MEMBER#**

*To Be filled out by Shul Office*

Last Name \_\_\_\_\_

Wife's last name (if different) \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_ ANNIVERSARY \_\_\_\_/\_\_\_\_/\_\_\_\_

**HUSBAND** Please circle one: Kohen Levi Yisrael

**WIFE**

First Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

First Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

Father's Hebrew Name \_\_\_\_\_

Father's Hebrew Name \_\_\_\_\_

Mother's Hebrew Name \_\_\_\_\_

Mother's Hebrew Name \_\_\_\_\_

Occupation \_\_\_\_\_ Bus# \_\_\_\_\_ Cell# \_\_\_\_\_

Occupation \_\_\_\_\_ Bus# \_\_\_\_\_ Cell# \_\_\_\_\_

### **PLEASE INDICATE IF YOU ARE A MEMBER OR AFFILIATE OF ANY OTHER SHUL**

Name of shul \_\_\_\_\_ Affiliate \_\_\_\_ Member \_\_\_\_

Name of shul \_\_\_\_\_ Affiliate \_\_\_\_ Member \_\_\_\_

### **MINOR CHILDREN**

1- Name \_\_\_\_\_ Hebrew name \_\_\_\_\_

4- Name \_\_\_\_\_ Hebrew name \_\_\_\_\_

M or F \_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Bar/Bat Mitzvah Date \_\_\_\_\_

M or F \_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Bar/Bat Mitzvah Date \_\_\_\_\_

2- Name \_\_\_\_\_ Hebrew name \_\_\_\_\_

5- Name \_\_\_\_\_ Hebrew name \_\_\_\_\_

M or F \_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Bar/Bat Mitzvah Date \_\_\_\_\_

M or F \_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Bar/Bat Mitzvah ate \_\_\_\_\_

3- Name \_\_\_\_\_ Hebrew name \_\_\_\_\_

6- Name \_\_\_\_\_ Hebrew name \_\_\_\_\_

M or F \_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Bar/Bat Mitzvah Date \_\_\_\_\_

M or F \_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Bar/Bat Mitzvah Date \_\_\_\_\_

### **Yahrzeit INFORMATION**

1. Relative of

3. Relative of

Wife \_\_\_\_ Husband \_\_\_\_ Relationship \_\_\_\_\_

Wife \_\_\_\_ Husband \_\_\_\_ Relationship \_\_\_\_\_

Hebrew Date of Yahrzeit \_\_\_\_\_

Hebrew Date of Yahrzeit \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

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

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

2- Relative of

4- Relative of

Wife \_\_\_\_ Husband \_\_\_\_ Relationship \_\_\_\_\_

Wife \_\_\_\_ Husband \_\_\_\_ Relationship \_\_\_\_\_

Hebrew Date of Yahrzeit \_\_\_\_\_

Hebrew Date of Yahrzeit \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

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

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