

CONGREGATION KETER TORAH

Teaneck, NJ 07666

600 Roemer Avenue

(201) 907-0180

FAX: (201) 907-0924

MEMBERSHIP FORM

\$1500 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 DATE ____/____/____

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 ____/____/____

M or F ____ Date of Birth ____/____/____

2- Name _____ Hebrew name _____

5- Name _____ Hebrew name _____

M or F ____ Date of Birth ____/____/____

M or F ____ Date of Birth ____/____/____

3- Name _____ Hebrew name _____

6- Name _____ Hebrew name _____

M or F ____ Date of Birth ____/____/____

M or F ____ Date of Birth ____/____/____

Yahrzeit INFORMATION

1. Relative of Wife ____ Husband ____

3. Relative of Wife ____ Husband ____

Relationship _____

Relationship _____

Hebrew Date of Yahrzeit _____

Hebrew Date of Yahrzeit _____

Name _____

Name _____

Hebrew Name _____

Hebrew Name _____

2- Relative of Wife ____ Husband ____

4- Relative of Wife ____ Husband ____

Relationship _____

Relationship _____

Hebrew Date of Yahrzeit _____

Hebrew Date of Yahrzeit _____

Name _____

Name _____

Hebrew Name _____

Hebrew Name _____