CONGREGATION B'NAI TORAH

Membership Application

Membership Type: [ ] Family [ ] Individual

Date _____

Name _____

Address _____

City _____

State _____

ZIP _____

Cell Phone _____

Home Phone _____

E-mail _____

Kohen _____ Levi _____ Yisroel _____ Unknown _____

Are your parents Jewish by birth***? _____

Hebrew Name, if known _____

Father's Hebrew Name _____

Mother's Hebrew Name _____

Do you have a Cemetery Lot? Yes_____ No_____ If Yes, where?_____

Married ___ Single ___ Widower ___ Widow ___

CONGREGATION B'NAI TORAH

Spouse's Name _____

_____ Kohen _____ Levi _____ Yisroel _____ Unknown _____

Are your parents Jewish by birth? _____

Hebrew Name, if known _____

Father's Hebrew Name _____

Mother's Hebrew Name _____

Cell Phone _____

Home Phone _____

E-mail _____

Do you have a Cemetery Lot? Yes_____ No_____ If Yes, where?_____

***For religious clarity about this question, please call Rabbi Teitelbaum, 317-253-5253

Signature: _____

CONGREGATION B'NAI TORAH

CHILDREN IN YOUR HOUSEHOLD

NAME	DATE OF BIRTH	HEBREW NAME IF KNOWN

YARTZEITS

ENGLISH NAME	HEBREW NAME IF KNOWN	ENGLISH DATE OF PASSING	HEBREW DATE OF PASSING IF KNOWN	RELATIONSHIP

6510 Hoover Road, Indianapolis, IN 46260-4606 Phone: 317-253-5253 | Fax: 317-253-5459 www.btorahindy.org | office@btorah.org