

Membership Application

Date _____

Membership Type: Family Individual

Level of Membership:

Mishpacha (Family): Standard or First Year
 Chaver (Friend)
 Kehilla (Community)
 Out-of-Town

Name _____

Spouse's Name _____

Address _____

City _____

State _____ ZIP _____

Cell Phone _____

Home Phone _____

E-mail _____

Signature: _____

Member Questionnaire

Name _____

Hebrew Name, if known _____

Father's Hebrew Name _____

Mother's Hebrew Name _____

____ Kohen ____ Levi ____ Yisroel

Date of Birth _____

Your Occupation _____

Your Religious Background _____

____ Married ____ Single ____ Widower ____ Widow

Spouse's Name _____

Spouse's Hebrew Name, if known _____

Spouse's Father's Hebrew Name, if known _____

Spouse's Mother's Hebrew Name, if known

____ Kohen ____ Levi ____ Yisroel

Spouse's Date of Birth _____

Spouse's Cell Phone _____

Spouse's Email _____

Spouse's Occupation _____

Spouse's Religious Background _____

6510 Hoover Road, Indianapolis, IN 46260-4606

Phone: 317-253-5253 | Fax: 317-253-5459

www.btorahindy.org | office@btorah.org



CONGREGATION **B'NAI TORAH**

CHILDREN IN YOUR HOUSEHOLD

Do you have a Cemetery Lot? Yes No
If Yes, where? _____

YARTZEITS

English Name	Hebrew Name, if known	English Date of Passing	Hebrew Date of Passing	Relationship

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