



Congregation B'nai Torah of Indianapolis

6510 Hoover Road, Indianapolis, IN 46260-4606

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Web Site: www.btorah.org E-mail: office@btorah.org

MEMBERSHIP APPLICATION

Name _____ Date _____

Hebrew Name _____ Date of Birth _____

Married _____ Single _____ Widower _____ Widow _____ Kohen _____ Levi _____ Yisroel _____

Spouse's Name (& Maiden Name) _____ Date of Birth _____

Spouse's Hebrew Name _____ Anniversary Date _____

Street _____ City _____

State _____ ZIP _____ E-mail _____

Cell Phone _____ Home Phone _____

Occupation _____ Name of Company _____

Business/Work Address _____ City _____

State _____ ZIP _____ Business/ Work Phone _____

Spouse's Cell Phone Number _____ Spouse's Email _____

Spouse's Occupation _____ Name of Company _____

UNMARRIED CHILDREN IN YOUR HOUSEHOLD

Name	Date of Birth	Hebrew Name	Name of Attending School

RELATIVES IN YOUR HOUSEHOLD OTHER THAN CHILDREN

Name	Age	Married	Single	Widowed	Relationship

CHILDREN IN UNIVERSITIES OR OUT-OF-TOWN SCHOOLS

Name	Address

MARRIED CHILDREN

Name	Address	Member (Yes or No)

GRANDCHILDREN

Name	Age	Address	School

Relationship to any present member: Name _____ Relationship _____

SPECIAL SKILLS AND HOBBIES

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

Yahzeit Record		Date of Deceased			
Name (English)	Name (Hebrew)	Hebrew	English	Relationship	Plaque

Annual Dues _____ 1.5-2% of gross family income

Signature

Date