

APPLICATION FOR MEMBERSHIP



CHISUK EMUNA CONGREGATION

P.O. Box 5507 | Harrisburg, PA 17110 | (717) 232-4851 | chisukemuna@comcast.net | Located at Fifth & Division Streets

Married Single

Family Name: _____

Home Address: _____

City: _____

State: _____

Zip: _____

	APPLICANT	APPLICANT
Full Name <i>(Dr., Mr., Mrs., Ms., etc.)</i>		
Hebrew Name *		
Date of Birth		
Home Phone No.		
Cell Phone No.		
Email Address		
Tribe	<input type="checkbox"/> <i>Kohen</i> <input type="checkbox"/> <i>Levi</i> <input type="checkbox"/> <i>Yisroel</i>	<input type="checkbox"/> <i>Kohen</i> <input type="checkbox"/> <i>Levi</i> <input type="checkbox"/> <i>Yisroel</i>
Date of Conversion <i>(If applicable)</i>		
Date of Bar/Bat Mitzvah <i>(If applicable)</i>		
Date of Marriage <i>(If applicable)</i>		
Father's Name <i>(English)</i>		
Father's Name <i>(Hebrew*)</i>		
Mother's Name <i>(English)</i>		
Mother's Name <i>(Hebrew*)</i>		

CHILDREN	English Name	Hebrew Name*	Date of Birth	Grade	Date of Bar/Bat Mitzvah

FOR OFFICE USE: DO NOT WRITE:	RECOMMENDED FOR MEMBERSHIP:
	Signatures: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> <i>Membership Chairman</i> <i>Rabbi</i> <i>Date</i> </div>
	ACCEPTED BY BOARD: Signature: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> <i>President</i> <i>Date</i> </div>

*Hebrew names may be written in English or Hebrew characters.