

Congregation Or Atid

APPLICATION FOR MEMBERSHIP

Name: _____ Name: _____
Hebrew Name: _____ Hebrew Name: __Kohane Levi__
Name: _____

Address: _____
Street Town Zip Code

Telephone Number: _____ (home) Telephone Number: _____ (home)

Telephone Number: _____ (work) Telephone Number: _____ (work)

Occupation: _____ Occupation: _____

Email Address: _____

Children: Name, Hebrew Name, Date of Birth

(1) _____

(2) _____

(3) _____

(4) _____

SCHOOL INFORMATION

Do you intend to send any of your children to our afternoon religious school? Yes___No___

If yes, please indicate the names and school grades in September of each child who will be attending:

ANNUAL YARZHEIT REMINDERS

Name of relative and relationship _____

Date of death _____ of _____, _____ at _____
date month year time

Name of relative and relationship _____

Date of death _____ of _____, _____ at _____
date month year time

OTHER INFORMATION

Do you intend to participate in religious services and related activities? Yes _____ No _____

Are you interested in participating on any of the following committees? (please check)

- _____ Membership
- _____ Publicity
- _____ Ritual
- _____ High Holiday Planning
- _____ Long Range Planning
- _____ Financial and administration
- _____ Education
- _____ Community Service

Special areas of interest: _____

Prior Synagogue Affiliation: _____

Other activities in the Boston Area Jewish Community: _____

I/WE HEREBY APPLY FOR MEMBERSHIP IN CONGREGATION OR ATID;

(Signature and Date)

Please return application with your check for \$250.00 to:

Congregation Or Atid
P.O. Box 38
Wayland, MA 01778