

CONGREGATION TIFEREETH ISRAEL

8 Pierpont St., Peabody, MA 01960

MEMBERSHIP APPLICATION

PERSONAL INFORMATION

MEMBER 1 Last Name: _____ Birthday: / /

First Name: _____ Hebrew Name: _____

Mother's Hebrew Name: _____ Father's Hebrew Name: _____

MEMBER 2 Last Name: _____ Birthday: / /

First Name: _____ Hebrew Name: _____

Mother's Hebrew Name: _____ Father's Hebrew Name: _____

ADDRESS _____ Anniversary / /

ZIP CODE: _____

HOME PHONE: _____ 2ND PHONE (Cell or Work): _____

EMERGENCY NAME / PHONE NUMBER: _____

EMAIL (Member 1): _____

EMAIL (Member 2): _____

CHILDREN

NAMES: _____ Birthday: / /

_____ Birthday: / /

_____ Birthday: / /

**MELDATHOS /
YAHREZITS**

<u>Name</u>	<u>Relationship</u>	<u>To Whom</u>	<u>Date (Hebrew or English)</u>

Remarks or other info: _____

SEND YOUR COMPLETED APPLICATION AND AFFILIATION FEE
(\$50.00 single / \$100.00 family)

TO: CONGREGATION TIFEREETH ISRAEL
c/o JAY POLONSKY, TREASURER
198 Locust St., Unit 307, LYNN, MA 01904