Congregation Jeshuat Israel at Touro Synagogue

85 Touro Street • Newport RI 02840 • Phone: (401) 847-4794 • Email: cji@tourosynagogue.org

Membership Application

<u>Man</u>					
Last Name	First Nam	First Name			
Hebrew Name		Birthdate	Birthdate		
Bar Mitzvah (yes/no)	Date	Tribe: Kohan	Levi	Israelite	
Father's Hebrew Name		Mother's Hebrew Nar	ne		
Yahrtzeitim: Father-Date _		Mother-Date			
<u>Woman</u>					
Last Name		First Nam	ne		
Hebrew Name		Birthdate			
Bat Mitzvah (yes/no)	Date	Tribe: Kohan	Levi	Israelite	
Father's Hebrew Name		Mother's Hebrew Nar	ne		
Yahrtzeitim: Father-Date _		Mother-Date			
If either partner is Jewish b	oy conversion: Name				
Date Converted					
Temple/Synagogue					
Address					
Children (under age Name	Hebrew Name	Birth Date		vah (Y/N – Date)	
Membership class request 2017-2018 Annual membersh Membership (under 35), \$600 are available to those who (1)	nip dues are: Family Member and Young Single Member	ership, \$1,200; Single Men ership (under 32) \$221. Far	nily and Single	Associate Memberships	
County MA, but are full membership please include a letter from year dues are: Family Membership request. Family memberships	pers of another congregation our primary congregation at p., \$360, Single Memberships are required for all catego	n. (If applying for an assoc cknowledging your membe \$180. Information about L ries of family memberships	ciate membersh ership.) Annual Life Membershi is if both spouse	ip under (2) above, Associate Membership ps is available on is are Jewish.	
I declare that if elected to M	-	_	_	-	
Applicant's Signature(s)					
Address					
Telephone: Home					
Email Address(es)					