

Congregation B'nai Torah of Indianapolis

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

MEMBERSHIP APPLICATION

Name _____ Date _____

Hebrew Name _____ Date of Birth* _____

Wife's Maiden Name _____ Kohen _____ Levi _____ Yisroel _____

Wife's Hebrew Name _____ Date of Birth* _____

Street _____ Anniversary Date* _____

City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____ E-mail _____

Business/ Work Address _____

City _____ State _____ ZIP _____

Business/ Work Phone _____ Business/ Work E-mail _____

Name of Company _____ Occupation _____

Married _____ Single _____ Widower _____ Widow _____

*If you wish to keep your or your wife's birthday confidential, merely write the month and day.

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_____

Are you a member of any of the following groups? (Mark line if yes, leave blank for no)

Men's Club_____ Sisterhood_____ Married Couples Club_____ Young Married's Group_____

SPECIAL SKILLS AND HOBBIES

Do you read Hebrew? Yes_____ No_____ Fluently_____ Fair_____

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