

MILLINERY CENTER SYNAGOGUE

INTRODUCTORY RENAISSANCE MEMBERSHIP FORM

Please complete this registration form. Membership runs for a full year from the date of acceptance.

SECTION 1: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION	MEMBERSHIP DUES (Annual)	Please Check
RENAISSANCE FULL	Full Membership for First Time Members	\$25	
STUDENT	Full time Students	\$10	
PAYMENT METHOD	<input type="checkbox"/> Check Please make payable to: Millinery Center Synagogue (If possible, please do not pay by cash)		

SECTION 2: MEMBER CONTACT INFORMATION (PLEASE PRINT)

Title	<input type="checkbox"/> Rabbi <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms		
Name (First & Last):			
Your Hebrew Name:		Your Father's Hebrew Name:	
Circle if you are:	Kohen / Levi / Yisrael	Your Mother's Hebrew Name:	
Address 1:		Cell Phone:	
Address 2:		Personal Email:	
City:		Office Phone:	
State:		Office Email:	
Zip Code:		Work Address (Street & Avenue):	

SECTION 3: YAHRZEIT INFORMATION

Name of Deceased	Hebrew Date of Passing (Petirah)	Relationship

Signatures	
If my membership application is accepted, I agree to follow its constitution and by-laws	
Signature of Applicant	Date