

# Baron Hirsch Congregation

## Membership Application

**ADULT 1**       Male       Female      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Month Day Year*

Name \_\_\_\_\_  
*Title*      *First*      *Middle*      *Last*

Hebrew Name \_\_\_\_\_  
*Your Name*      *Father's Name*      *Mother's Name*

Are you the child of a:  
 Cohen  
 Levi  
 Israelite

Jewish Status:       Born Jewish       Converted \_\_\_\_\_  
*Date, place, officiating Rabbi*

Home Address \_\_\_\_\_  
*Street*      *City*      *State*      *Zip*

Home Phone \_\_\_\_\_      Mobile \_\_\_\_\_      Email \_\_\_\_\_

Business \_\_\_\_\_  
*Employer Name*      *Occupation*      *Business Phone*

Business Address \_\_\_\_\_  
*Street*      *City*      *State*      *Zip*

.....

**ADULT 2**       Male       Female      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Month Day Year*

Name \_\_\_\_\_  
*Title*      *First*      *Middle*      *Last*

Hebrew Name \_\_\_\_\_  
*Your Name*      *Father's Name*      *Mother's Name*

Are you the child of a:  
 Cohen  
 Levi  
 Israelite

Jewish Status:       Born Jewish       Converted \_\_\_\_\_  
*Date, place, officiating Rabbi*

Home Address \_\_\_\_\_  
*Street*      *City*      *State*      *Zip*

Home Phone \_\_\_\_\_      Mobile \_\_\_\_\_      Email \_\_\_\_\_

Business \_\_\_\_\_  
*Employer Name*      *Occupation*      *Business Phone*

Business Address \_\_\_\_\_  
*Street*      *City*      *State*      *Zip*

.....

### FAMILY STATUS

Please check one:       Married       Single       Widowed       Divorced/Separated

Anniversary Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Place you were married: \_\_\_\_\_  
*Month Day Year*

# PLEASE LIST ALL YOUR CHILDREN

## CHILD 1

Male  Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_  
*First Middle Last*

Grade \_\_\_\_\_ School \_\_\_\_\_ Is Child:  Married  Single

If child lives away: Address \_\_\_\_\_  
*Street City State Zip Phone*

## CHILD 2

Male  Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_  
*First Middle Last*

Grade \_\_\_\_\_ School \_\_\_\_\_ Is Child:  Married  Single

If child lives away: Address \_\_\_\_\_  
*Street City State Zip Phone*

## CHILD 3

Male  Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_  
*First Middle Last*

Grade \_\_\_\_\_ School \_\_\_\_\_ Is Child:  Married  Single

If child lives away: Address \_\_\_\_\_  
*Street City State Zip Phone*

## CHILD 4

Male  Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_  
*First Middle Last*

Grade \_\_\_\_\_ School \_\_\_\_\_ Is Child:  Married  Single

If child lives away: Address \_\_\_\_\_  
*Street City State Zip Phone*

## CHILD 5

Male  Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_  
*First Middle Last*

Grade \_\_\_\_\_ School \_\_\_\_\_ Is Child:  Married  Single

If child lives away: Address \_\_\_\_\_  
*Street City State Zip Phone*

## CHILD 6

Male  Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_  
*First Middle Last*

Grade \_\_\_\_\_ School \_\_\_\_\_ Is Child:  Married  Single

If child lives away: Address \_\_\_\_\_  
*Street City State Zip Phone*

# YAHRTZEIT RECORD

Name of Deceased \_\_\_\_\_

*English*

*Hebrew*

Date of Death: English: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hebrew: \_\_\_\_/\_\_\_\_/\_\_\_\_  Before Sundown  After Sundown

Relationship: \_\_\_\_\_

.....  
Name of Deceased \_\_\_\_\_

*English*

*Hebrew*

Date of Death: English: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hebrew: \_\_\_\_/\_\_\_\_/\_\_\_\_  Before Sundown  After Sundown

Relationship: \_\_\_\_\_

.....  
Name of Deceased \_\_\_\_\_

*English*

*Hebrew*

Date of Death: English: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hebrew: \_\_\_\_/\_\_\_\_/\_\_\_\_  Before Sundown  After Sundown

Relationship: \_\_\_\_\_

.....  
Name of Deceased \_\_\_\_\_

*English*

*Hebrew*

Date of Death: English: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hebrew: \_\_\_\_/\_\_\_\_/\_\_\_\_  Before Sundown  After Sundown

Relationship: \_\_\_\_\_

.....  
Name of Deceased \_\_\_\_\_

*English*

*Hebrew*

Date of Death: English: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hebrew: \_\_\_\_/\_\_\_\_/\_\_\_\_  Before Sundown  After Sundown

Relationship: \_\_\_\_\_

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Previous Congregational Affiliation: \_\_\_\_\_

*Name of Congregation and Location*

Do you own cemetery plots at another location? \_\_\_\_\_

*Name and Location of Cemetery*

Please use this space to include any other information you wish to include:

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What type of membership are you applying for?

- Full *Includes full voting, facility usage and cemetery privileges.*
- Associate *Must show proof of full membership with another Memphis Congregation Limited facility usage privileges . Does not include cemetery privileges.*
- Non-Resident *Only available to out of town residents. Cemetery privileges may be included if negotiated at time of joining.*
- Contributing *Does not include any special member privileges.*

What committees/activities are you interested in volunteering for?

- |                          |                          |                     |                          |                          |                     |
|--------------------------|--------------------------|---------------------|--------------------------|--------------------------|---------------------|
| _____                    | _____                    |                     | _____                    | _____                    |                     |
| Name 1                   | Name 2                   |                     | Name 1                   | Name 2                   |                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Adult Education     | <input type="checkbox"/> | <input type="checkbox"/> | Kitchen Corps       |
| <input type="checkbox"/> | <input type="checkbox"/> | Camp Darom          | <input type="checkbox"/> | <input type="checkbox"/> | Outreach            |
| <input type="checkbox"/> | <input type="checkbox"/> | Chessed Committee   | <input type="checkbox"/> | <input type="checkbox"/> | Security Committee  |
| <input type="checkbox"/> | <input type="checkbox"/> | Fundraising         | <input type="checkbox"/> | <input type="checkbox"/> | Senior Programming  |
| <input type="checkbox"/> | <input type="checkbox"/> | Holiday Programming | <input type="checkbox"/> | <input type="checkbox"/> | Singles Programming |
| <input type="checkbox"/> | <input type="checkbox"/> | Holocaust Committee | <input type="checkbox"/> | <input type="checkbox"/> | Young Couples       |
| <input type="checkbox"/> | <input type="checkbox"/> | Israel Committee    | <input type="checkbox"/> | <input type="checkbox"/> | Youth Committee     |

May we send congregational mailings to you through email rather than the postal service? (Email reduces our costs, and allows us to get information to you much faster!)  Email  Post Office

**I/WE HEREBY MAKE APPLICATION FOR MEMBERSHIP AT BARON HIRSCH CONGREGATION AND AGREE TO ABIDE BY ITS CONSTITUTION, BY-LAWS AND REGULATIONS.**

**I/WE UNDERSTANT THAT DUES, ASSESSMENTS AND FEES ARE PAYABLE ACCORDING TO SYNAGOGUE POLICY. IN THE EVENT OF RESIGNATION, I/WE WILL BE RESPONSIBLE FOR ALL OBLIGATIONS ACCRUES PRIOR TO RESIGNATION.**

\_\_\_\_\_  
*Applicant's Signature* *Date* *Applicant's Signature* *Date*

**If you are in need of a dues reduction, please contact either the president or the executive director. They will in a confidential manner discuss any financial readjustment based on your personal needs.**

**FOR OFFICE USE ONLY:**

Approval of Executive Director

Approval of Senior Rabbi

\_\_\_\_\_  
*Signature* *Date* *Signature* *Date*

Accepted  Declined By the Board of Trustees on \_\_\_\_\_ .

Other Comments: