

Congregation B'nai Torah

6510 Hoover Road, Indianapolis, IN 46260-4606

Phone: 317-253-5253 | Fax: 317-253-5459

www.btorahindy.org | office@btorah.org

Membership Application

Name _____

Hebrew Name _____

Father's Hebrew Name _____

Mother's Hebrew Name _____

___ Kohen ___ Levi ___ Yisroel

___ Married ___ Single ___ Widower ___ Widow ___

Date of Birth _____

Spouse's Name _____

Spouse's Maiden Name _____

Spouse's Hebrew Name _____

Spouse's Father's Hebrew Name _____

Spouse's Mother's Hebrew Name _____

Spouse's Date of Birth _____

Anniversary Date _____

Address _____

City _____

State _____ ZIP _____

Cell Phone _____

E-mail _____

Home Phone _____

Occupation _____

Spouse's Cell Phone _____

Spouse's Email _____

Spouse's Occupation _____

CHILDREN IN YOUR HOUSEHOLD

Name	Date of Birth	Hebrew Name

Do you have a Cemetery Lot? Yes____ No____
 If Yes, where? _____

YARTZEITS

English Name	Hebrew Name	English Date of Passing	Hebrew Date of Passing	Relationship

Signature _____ Date _____