

# Congregation Sons of Israel

## Application for Membership (Subject to board approval)

Mailing Address: PO Box 702, Peabody, MA 01960

www.peabodyshul.org

Please complete the following information so we can process your application.

*All applications must be completed entirely before being reviewed by the membership committee*

Membership type and annual dues: <input type="checkbox"/> Individual - \$40	Date: _____
<input type="checkbox"/> Family - \$75	
Individual memberships are allowed to purchase one High Holiday Seat at \$30, additional seats are at the non-member price of \$75.	
Holy Day seats needed: _____	Seating is limited and may only be available by closed circuit television in the Social Hall.

First and last name: _____	Hebrew name: _____
Date of birth (year optional): _____	Referred by: _____
Father's first name (English and Hebrew): _____	Mother's first and maiden name (English and Hebrew): _____
Are you a Levi? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Kohane? <input type="checkbox"/> Yes <input type="checkbox"/> No

Spouse's first and last name: _____	
Date of birth (year optional): _____	Hebrew name: _____
Father's first name (English and Hebrew): _____	Mother's first and maiden name (English and Hebrew): _____
Date of anniversary (year optional): _____	
Is your Spouse a Levi? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your Spouse a Kohane? <input type="checkbox"/> Yes <input type="checkbox"/> No

Your address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Email Address: _____

Children		
Name	Sex	Date of birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you would like the Synagogue to send you yearly notification of Yahrzeits, and for us to recite prayers on the anniversary, please list them.

English name	Hebrew name	Date of death	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

To submit by email, please use the button at the top of the first page. If submitting electronically, please print a copy of this application for your records and mail a check noting that you have filed this application electronically. You will be notified shortly of the status of your application.

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