## MORIAH CONGREGATION - MEMBERSHIP APPLICATION 200 Taub Drive, Deerfield, IL 60015 (847) 948-5340

We are pleased you have chosen to join Moriah Congregation. Please complete this application so that we can get to know you!

Family Name	
Address	
Home Phone(s)	
Marital Status: S M D W	Wedding Anniversary: Month, Day & Year
Related to other Moriah Members: Yes No	If yes, please give names & relationships:
Adult Male	Adult Female
Full Name	
Preferred Title: Mr., Dr., Prof., Rabbi, Judge, Other	Miss, Mrs., Ms., Dr., Prof., Rabbi, Judge, Other
Preferred Name	Preferred Name
Date of Birth	Date of Birth
Is your Mother Jewish? Is yo	our Mother born Jewish?
If not, by whom were you converted?	If not, by whom were you converted?
Occupation	
Business Phone	
E-mail address	
Cell phone	
Aliyah Information: Kohen Levi Yisroel	
Can you read <i>Torah</i> ? Yes No	Can you read <i>Torah?</i> YesNo
Can you read <i>Haftarah</i> ? Yes No	Can you read <i>Haftarah</i> ? YesNo
Children: (please list oldest child first)	
1. Name H	lebrew Name
Date of Birth Sex: M F	Grade in School September, 2016
Name of School	Interested in ATID/Kadima/USY
2. Name H	lebrew Name
Date of Birth Sex: M F	Grade in School September, 2016
Preferred Name	E-Mail Address:
Name of School Please use additional sheet if necessary.	Interested in ATID/Kadima/USY

## YAHRZEITS: Name Relationship English Date of Death (Please indicate before or after sundown) before or after before or after