

עזרת ישראל

EZRAS ISRAEL CONGREGATION OF ROCKVILLE

803 Montrose Road, Rockville, MD 20852

SEND MAIL TO: Post Office Box 2281, Rockville, MD 20847

http://www.ezrasisrael.org



MEMBERSHIP APPLICATION

Applicant First Name _____ Spouse¹ _____ Applicant Last Name _____

Hebrew name _____ ben / bat _____ and _____
Father Mother

Hebrew name –Spouse _____ ben/bat _____ and _____
Father Mother

Home Address _____ Apt. _____

City _____ State _____ Zip _____ Phone (H) _____ (O) _____

FAX (H) _____ (O) _____ Email (H) _____ (O) _____

¹ If married.

Children – English & Hebrew names

Grandchildren – Hebrew names

_____ ben/bat _____ ben/bat _____

_____ ben/bat _____ ben/bat _____

_____ ben/bat _____ ben/bat _____

Yahrzeit Dates

Name _____ Relation _____ Date _____

Name _____ Relation _____ Date _____

Name _____ Relation _____ Date _____

Name _____ Relation _____ Date _____

Declaration

I understand that membership eligibility is determined by the Executive Board of Ezras Israel with the advice and consent of the Rabbi guided by adherence to Halacha (Jewish Law), and the rulings of the Rabbinical Council of Washington.

Applicant Name: Printed Signature Date _____

Co applicant (Spouse) Name: Printed Signature Date _____