

THE OXFORD SYNAGOGUE-CENTRE

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APPLICATION FOR MEMBERSHIP

- SINGLE MEMBERSHIP
 DOUBLE MEMBERSHIP

- SINGLE ASSOCIATE
 DOUBLE ASSOCIATE

- CHILD MEMBERSHIP
 STUDENT MEMBERSHIP

I hereby make formal application for membership of your congregation and agree to abide by its constitution

PERSONAL PARTICULARS OF MEMBER

FIRST NAMES

HEBREW NAME

- COHEN LEVI YISRAEL

SURNAME

DATE OF BIRTH

FATHER'S
HEBREW NAME

MOTHER'S
HEBREW NAME

PERSONAL PARTICULARS OF SPOUSE

FIRST NAMES

HEBREW NAME

DATE OF
MARRIAGE

DATE OF BIRTH

FATHER'S
HEBREW NAME

MOTHER'S
HEBREW NAME

SYNAGOGUE
WHERE MARRIED

HOME ADDRESS

POSTAL ADDRESS

HOME PHONE

WORK PHONE
HUSBAND

WORK PHONE
WIFE

FAX NUMBER

CELLULAR PHONE

EMAIL
ADDRESS

CHILDREN'S DETAILS (FOR CHILDREN LIVING AT HOME, FOR INFORMATION PURPOSES ONLY)

NAME HEBREW NAME DATE OF BIRTH

NAME HEBREW NAME DATE OF BIRTH

NAME HEBREW NAME DATE OF BIRTH

NAME HEBREW NAME DATE OF BIRTH

YARTZEIT DETAILS

HUSBAND'S FATHER DATE AND TIME OF PASSING HEBREW DATE (IF KNOWN)

HUSBAND'S MOTHER DATE AND TIME OF PASSING HEBREW DATE (IF KNOWN)

WIFE'S FATHER DATE AND TIME OF PASSING HEBREW DATE (IF KNOWN)

WIFE'S MOTHER DATE AND TIME OF PASSING HEBREW DATE (IF KNOWN)

OTHER DATE AND TIME OF PASSING HEBREW DATE (IF KNOWN)

SIGNATURE

TO WHICH SHUL DID YOU PREVIOUSLY BELONG?

YOUR SIGNATURE

DATE