



# MEMBERSHIP APPLICATION

Membership Type:  Single \$200  Family \$325

## Applicant 1:

Name (First, Last): \_\_\_\_\_

Hebrew Name: \_\_\_\_\_  Kohen  Levi  Israel

Birth Date (mm/dd/yyyy): \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## Applicant 2:

Name (First, Last): \_\_\_\_\_

Hebrew Name: \_\_\_\_\_  Kohen  Levi  Israel

Birth Date (mm/dd/yyyy): \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Wedding Anniversary Date (mm/dd/yyyy): \_\_\_\_\_

Keys Address: \_\_\_\_\_

Alternate Address: \_\_\_\_\_

Preferred Mailing Address:  Keys Address  Alternate Address  Other: \_\_\_\_\_

## Children's Information

Name (First, Last)	Relationship	Birthday (mm/dd/yyyy)
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_____	_____	_____
_____	_____	_____

## Yahrzeit Reminders

Name (First, Last)	Relationship	Date of Passing (mm/dd/yyyy)
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_____	_____	_____
_____	_____	_____

Please submit completed application to [president@keysjewishcenter.com](mailto:president@keysjewishcenter.com).