THE WALL STREET SYNAGOGUE
47 Beekman Street
New York, New York 10038
212-227-7800, 227-7542

Special Membership

Application for those with long time involvement with the Wall Street Synagogue. Membership requires only your signature and payment of membership dues.

As a service to members the Synagogue will maintain other records for those whose desire is that the Synagogue do so. There is no fee or charge for the Synagogue to do so, so that prayers for recovery from illness and other types of Mi She-Berachs would use this form. None of the requests imply financial or other obligations of any sort, we regard it as a privilege to serve our members in any way that we can.

Candidate's Name in full: _____

Candidate's Hebrew Name: _____

Home Address: _____

_____

Phone:_____ Fax: _____ Email:_____

Date of Birth:_____ Place of Birth:_____

Dates of Yahrzeits (if any):_____

Hebrew Names of: Father _____ Mother_____

English Names of: Father _____ Mother_____

Father's Father Hebrew name _____English name_____

Father's Mother's Hebrew name _____English name_____

Mother's Father's Hebrew Name _____

Siblings Hebrew names _____

Name of Spouse (if any):_____ Hebrew Name:_____

Date of Birth:_____ Place of Birth:_____

Yahrzeits: _____

I would like to receive Yahrzeits notifications for the following:

Hebrew Name _____

English Name _____

Yahrzeits Father's Hebrew Name _____

Yahrzeits Father's English Name _____

Date of Demise _____

In Hebrew Calendar _____

Date of Demise in Civil Calendar _____

All of this information is not essential for membership. Membership requires your signature only. This information is for services for you and your family which we will gladly provide. You may add categories of information as you feel appropriate. We will notify you if our records system cannot deal with these requests.

_____
Signature

Date: _____