

**MOSES MONTEFIORE ANSHE EMUNAH HEBREW CONGREGATION**

7000 Rockland Hills Drive ~ Baltimore, Maryland 21209

Phone: 410-653-SHUL (7485) ~ Fax: 410-653-7487

www.mmae.org ~ info@mmae.org

Yerachmiel Shapiro, *Rabbi*

**MEMBERSHIP APPLICATION**

**Date:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Member #1**

(Mr, Ms, Mrs, Dr.) Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's Hebrew Name: \_\_\_\_\_ Mother's Hebrew Name: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Anniversary Date: \_\_\_\_\_

Born Jewish: Yes No If a Jew by choice, Rabbi's name that performed the conversion: \_\_\_\_\_

Occupation: \_\_\_\_\_ Title: \_\_\_\_\_ Years: \_\_\_\_\_

Employer/Company Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City-State-Zip: \_\_\_\_\_

**Member #2**

(Mr, Ms, Mrs, Dr.) Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's Hebrew Name: \_\_\_\_\_ Mother's Hebrew Name: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Anniversary Date: \_\_\_\_\_

Born Jewish: Yes No If a Jew by choice, Rabbi's name that performed the conversion: \_\_\_\_\_

Occupation: \_\_\_\_\_ Title: \_\_\_\_\_ Years: \_\_\_\_\_

Employer/Company Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City-State-Zip: \_\_\_\_\_

**Children (if living at home or in college)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

**Yahrzeits**

Relationship: \_\_\_\_\_ Hebrew Yahrzeit Date: \_\_\_\_\_ English Date: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ English Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Hebrew Yahrzeit Date: \_\_\_\_\_ English Date: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ English Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Hebrew Yahrzeit Date: \_\_\_\_\_ English Date: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ English Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Hebrew Yahrzeit Date: \_\_\_\_\_ English Date: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ English Name: \_\_\_\_\_

**MEMBERSHIP CATEGORIES**

Family Membership (30+) \$500 Single Membership \$350

Family Membership (Under 30) \$300 Associate Membership\* \$300

\* Associate Membership is for those individuals or families that attend High Holiday services elsewhere, but wish to maintain a relationship with MMAE and it's Rabbis, and receive all mailings, discounts on rentals, cemetery plots, etc.

Being of the Jewish faith, the undersigned apply for Membership in the Moses Montefiore Anshe Emunah Hebrew Congregation.

Signed \_\_\_\_\_

Signed \_\_\_\_\_