

# CONGREGATION HAR TZEON - AGUDATH ACHIM

1840 University Boulevard West, Silver Spring Maryland 20902

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FAX (301) 649-3112

Web Site: www.htaa.org

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## Membership Application

(as of July 1, 2006)

I. First Name (Mr.) (Mrs.) (Ms.) \_\_\_\_\_ Last Name \_\_\_\_\_

Work Number \_\_\_\_\_ Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_

Hebrew Name (full and parents' name - please transliterate) \_\_\_\_\_

Were you a Bar Mitzvah?     Yes     No    Can you lead a Service?     Yes     No

What Parsha? \_\_\_\_\_ What Haftorah? \_\_\_\_\_

I am a (please circle one)    Levi    Cohen    Israelite

II. Spouse's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Work Number \_\_\_\_\_ Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_

Hebrew Name (full and parents' name - please transliterate) \_\_\_\_\_

Were you a Bat Mitzvah?     Yes     No    Can you lead a Service?     Yes     No

What Parsha? \_\_\_\_\_ What Haftorah? \_\_\_\_\_

III. Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

IV. Home Phone Number \_\_\_\_\_ Date of Marriage \_\_\_\_\_

E-Mail \_\_\_\_\_

### V. Children

English Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

English Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

English Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

English Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

