



SEATTLE SEPHARDIC BROTHERHOOD
NEW MEMBERSHIP APPLICATION

I HEREBY APPLY FOR _____ A MEMBERSHIP OR _____ ASSOCIATE MEMBERSHIP IN THE SEATTLE SEPHARDIC BROTHERHOOD AND PLEDGE MYSELF TO SUPPORT its IDEALS AND PURPOSES.

NAME: _____ EMAIL: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ BUS. PHONE: (____) _____

HAVE YOU BEEN A PREVIOUS MEMBER? _____ DATE OF BIRTH: _____

SINGLE: _____ MARRIED: _____ DIVORCED: _____ WIDOWER: _____

WIFE'S MAIDEN NAME: (first and last) _____ DATE OF BIRTH: _____

NAMES OF CHILDREN: _____ DATE OF BIRTH: _____

_____ DATE OF BIRTH: _____

_____ DATE OF BIRTH: _____

SYNAGOGUE AFFILIATION: _____ **RABBI'S VALIDATION: (confirming that congregant has been a member in good standing for at least two years)** _____

APPLICANTS' SIGNATURE: _____

Completing and signing this application form, including Rabbi's Validation, attaching payment and receipt by the Brotherhood either in person or via US mail does not constitute acceptance for membership until this application is voted on and accepted by a majority of the Board of Trustees.

INITIATION FEE: \$ _____

CURRENT DUES: _____

TOTAL AMOUNT DUE: _____

_____ ACCEPTED _____ DATE

MEMBER NUMBER: _____ MEMBERSHIP CHAIRMAN _____

Return completed application and check to: Seattle Sephardic Brotherhood
P.O. Box 80685
Seattle, WA 98108
(206) 344-5238