

SEATTLE SEPHARDIC BROTHERHOOD
NEW MEMBERSHIP APPLICATION

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

NAME: _____ (WIFES IF APPLICABLE) _____

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: _____ DATE OF BIRTH: _____

NAMES OF CHILDREN: _____ DATE OF BIRTH: _____

_____ DATE OF BIRTH: _____

_____ DATE OF BIRTH: _____

SYNAGOGUE AFFILIATION: _____ PARENT'S SYNAGOGUE AFFILIATION: _____

RABBI'S VALIDATION: _____ (INCLUDING SPOUSE IF APPROPRIATE) _____

PROPOSED BY: _____

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: _____ (Attach check)

_____ 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