

Yahrzeit (anniversary of the death of a loved one) **Information:**

Name (English)	Relationship (eg., father) to Which Member	Date of Death
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In addition to this form, **please also fill out the following forms** and return them to the address above:

- 1. Financial Form**
- 2. Participation Form**
- 3. Hebrew School Data Form**, *if you have children attending Hebrew school this coming year.*

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**Please list information for children in college or younger children NOT attending Hebrew School below:**

- Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address if Different: \_\_\_\_\_  
Check one:  Preschooler  Midrashah Student  Eligible for BBYO (grades 9-12)  College Student
- Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address if Different: \_\_\_\_\_  
Check one:  Preschooler  Midrashah Student  Eligible for BBYO (grades 9-12)  College Student
- Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address if Different: \_\_\_\_\_  
Check one:  Preschooler  Midrashah Student  Eligible for BBYO (grades 9-12)  College Student

**We hereby apply for membership in Congregation B'nai Tikvah of Turnersville, NJ, and agree to abide by all the rules and requirements of the Congregation.**

**Member's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Member's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_