

CONGREGATION BNAI ISRAEL

347 Wagner Avenue P.O. Box 635 Fleischmanns, NY 12430

Affilliated with The United Synagogue of Conservative Judaism

(845) 254-9945 (845) 254-4143

(845) 254-4653

MEMBERSHIP APPLICATION

(Please Print)

Check: ☐ Individual ☐ Family	Date
Name(s): English	
Hebrew	·
Check: Cohen Levi Yisrael	
Permanent AddressE	MAIL
Summer Address Telephone#	
Children under 21: NameName	Birth DateBirth Date
Name	
Hebrew Literacy: Check: □Read □Write	□Speak
We (I) hereby apply for membership in Congregation B As a Conservative, egalitarian synagogue, membership share all responsibilities for conducting services, ritual including Torah <i>aliyot</i> and leading services. After four entitled to a free cemetery plot in Bnai Israel's cemetery By signing this application We (I) accept these princ	is open to Jewish men and women who and day to day synagogue activities (4) years, members in good standing are y.
It is understood that membership is not automatic, but the Board of Trustees and the general membership.	that each member must be approved by
Enclosed \$ Membership dues for calendar year	ar (contingent upon acceptance)
Signature(s)	
Recommended by	