T	IFERES MENA	ACHEM MEM	BERSH	IIP & SE	AT APF	PLICATION	ON	
		APPLICAN	T INFORI	MATION				
Name:								7
Hebrew birthday:		Email:			Phone:			
Current address:			City:		State:	Zip:		
Father's I	Hebrew Name:		Mother's He	ebrew name:				
		SPOUSE	INFORM/	ATION				
Name:								
Hebrew birthday: Em					Phone:			
Father's I	Hebrew Name:		Mother's He	ebrew name:				
		SPEC	IAL DATE	ES				
Annivers	ary:							
Husband	: Father's Yortzeit:	Father'	' s (and his fa	ther's) Name:				1
	Mother's Yortzeit:	Mother	"s (and her f	ather's) Name	e:			7
Wife:	Father's Yortzeit:	Eather'	e (and his fa	ther's) Name:				7
wiie.	Mother's Yortzeit:		-	ather's) Name				\dashv
Member	rship is \$150 per year. 1st		SEATS id membersh Men	nip. Any additi		be billed at \$75		Membe
Name:		No ocal needed	Men	Ladies	Only RH _	Only YK		Non-Me
Name:			Men	Ladies	Only RH	Only YK		
Name:			Men	Ladies	_	Only YK	-	7
Name:			Men	Ladies	Only RH	Only YK	. \$75	7
Name:			Men	Ladies	Only RH	Only YK	- \$75	7
Name:			Men	_ Ladies	_ Only RH _	Only YK	- \$75	7
Name:			Men	_ Ladies	_ Only RH _	Only YK		
TOTAL						\$		
		SIG	SNATURE					
Signature of Applicant:						Date:		
DAID: 「	D CACH							
	CASH							\dashv
	CHECK CREDIT CARD			BALANCE DU	IE:			-