



NER TAMID
GREENSPRING VALLEY SYNAGOGUE
 6214 Pimlico Road, Baltimore MD 21209
 (410) 358-6500

RATES (check one):
Under 35: \$200
Single: \$335
Family: \$455

Building Improvement Fund: \$10/month

Membership Application

SECTION I - DEMOGRAPHICS

English Name: _____
 Hebrew Name: _____
 Home Address: _____
 City/State/Zip: _____
 Home Phone: (____)____ - _____ Work Phone: (____)____ - _____
 Email: _____
 Employer: _____ Occupation: _____
 Date of Birth: ____/____/____ Wedding Anniversary: ____/____/____
 Kohain Levi Yisroel
 Father's Hebrew Name: _____
 Mother's Hebrew Name: _____

SPOUSE'S INFORMATION:

English Name: _____
 Hebrew Name: _____
 Work Phone: (____)____ - _____ Email: _____
 Occupation: _____
 Employer: _____
 Date of Birth: ____/____/____
 Father's Hebrew Name: _____
 Mother's Hebrew Name: _____

SECTION II - CHILDREN'S INFORMATION

1. English Name: _____
 Hebrew Name: _____
 Date of Birth: ____/____/____

2. English Name: _____
 Hebrew Name: _____
 Date of Birth: ____/____/____

3. English Name: _____
 Hebrew Name: _____
 Date of Birth: ____/____/____

Continued on Reverse Side...

SECTION II (continued)

4. English Name: _____
Hebrew Name: _____
Date of Birth: ___/___/___

5. English Name: _____
Hebrew Name: _____
Date of Birth: ___/___/___

6. English Name: _____
Hebrew Name: _____
Date of Birth: ___/___/___

SECTION III - CONVERSIONS

Is any member of your immediate family a convert to Judaism? YES NO

If so, whom? Husband Wife Child

Name: _____

Who oversaw the conversion of this individual?

Rabbi's Name: _____

Phone No.: (____) _____ - _____

Orthodox Conservative Reform

SECTION IV - YAHRZEITS

Name of Deceased	Relation to Member	Date of Death

Would you be interested in participating in our services? (i.e. Aliyah, Davening, Haftorah, etc...) YES NO

In which capacities? _____

New Member(s) Signatures(s):

Date: ___/___/___

Date: ___/___/___