



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

**RATES (circle one):**  
**Family: \$340**      **A fee of \$120 per year**  
**Family Under 35: \$175**      **for the Building**  
**Single: \$250**      **Renewal Fund, applies**  
**Single Under 35: \$150**      **to all members**  
**Associate: \$375**

# Membership Application

## SECTION I - DEMOGRAPHICS

English Name: \_\_\_\_\_  
 Hebrew Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Home / Work Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Cell 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: \_\_\_\_\_  
 Cell 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 English and full Hebrew name	Relation to Member	Date of Death MM/DD/YY

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

New Member(s) Signatures(s):

\_\_\_\_\_  
Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
Date: \_\_\_/\_\_\_/\_\_\_