

MEMBERSHIP APPLICATION • בקשת חברות

Name(s)				
Street		Apt		
City	State	Zip	-	
Email			_ •	
Email				
Phone (hm)	Phone	Phone (ofc)		
Phone (mobile)	Phone	Phone (other)		
I (we) apply for Membership in	Congregation Beth El of Mar	nhattan. In so doing, v	we affim the following:	
<u> </u>	liefs of the congregation as c vith no concealed explict co tion from it's beliefs.		• • • • • • • • • • • • • • • • • • • •	
	tire tithe (10% of net income by Malachi 3:10ff and 1Corinth		n, as per the directives of	
<u> </u>	vith reasonable expedience to rd and the community, as w			
	nes to end Membership, to do ste, getting of counsel, and a	-	-	
5. The name of my last r	abbi/pastor is:	,	who may be reached by	
Email at	or by phone	e at ()	<u> </u>	
Signed		Date		
Signed		Date		
	Below This Line For Office	e Use Only		
Approved by:		Date		
Notes or Comments:				