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# BOCA RATON SYNAGOGUE

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## MEMBERSHIP APPLICATION



Boca Raton Synagogue  
Hahn Judaic Campus  
7900 Montoya Circle N.  
Boca Raton, FL 33433-4912  
[www.brsonline.org](http://www.brsonline.org)

# MEMBERSHIP APPLICATION



**MALE NAME MR / DR / RABBI** \_\_\_\_\_  
(Please print) *Last* *First* *Middle*

**FEMALE NAME MRS / MISS / MS / DR** \_\_\_\_\_  
(Please print) *Last* *First* *Middle*

**RESIDENCE** \_\_\_\_\_  
*Street* *City, State, Zip* *Phone#*

**ALTERNATE RESIDENCE** \_\_\_\_\_  
*Street* *City, State, Zip* *Phone#*

**EMAIL (Male):** \_\_\_\_\_ (All mailings will be sent by Email)

**EMAIL (Female):** \_\_\_\_\_ (All mailings will be sent by Email)

**DATE ARRIVED IN THE COMMUNITY** \_\_\_\_/\_\_\_\_/\_\_\_\_

**MARITAL STATUS:** Married / Single / Widowed / Divorced / Separated **Wedding Anniversary** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Circle one if applicable)

Is there any conversion in the family?  Yes  No.

If yes, please provide supporting documentation from the Rabbinical Court that supervised the conversion. Thank you.

**MALE Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Occupation** \_\_\_\_\_

**Business Name** \_\_\_\_\_

**Cell Phone #** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_

**Hebrew Name** \_\_\_\_\_  
(English Alphabet)

**Tribe (check one):**  Cohen  Levi  Israelite

**FEMALE Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Occupation** \_\_\_\_\_

**Business Name** \_\_\_\_\_

**Cell Phone #** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_

**Hebrew Name** \_\_\_\_\_  
(English Alphabet)

**Maiden Name** \_\_\_\_\_

## WHAT BEING A MEMBER OF THE BOCA RATON SYNAGOGUE MEANS TO ME

- ◆ Family membership comes with 2 seats for the High Holidays and Single Membership comes with 1 seat for the High Holidays. *(Not Associate Members)*
- ◆ The ability to receive honors during services throughout the year.
- ◆ Access to the amazing Rabbinic Team of Rabbi Goldberg & Rabbi Moskowitz.
- ◆ The ability to vote at the Annual Meeting as well as vote in the Annual Elections. *(Not Associate Members)*
- ◆ The ability to attend any of the numerous prayer services that are held at multiple times throughout each day.
- ◆ The opportunity to attend all of the classes that take place on the campus during the year.
- ◆ The ability to hold a Family Life Cycle event at the Shul, and at the reduced membership rate.
- ◆ The option of being a part of the fantastic Adult Education programs that are organized.
- ◆ The ability to take advantage of the Youth Department and the Shabbat Morning Youth Groups.
- ◆ The opportunity to have the benefit of the services provided by the Chesed Committee and the Chevra Kadisha, should you ever need them

### CHILDREN

CHILD'S FULL NAME <i>(FIRST, MIDDLE, LAST)</i>	DATE OF BIRTH	MALE/FEMALE	LIVES AT HOME
	/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
	/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
	/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
	/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
	/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
	/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

### YAHRZEIT RECORD

NAME OF DEPARTED	COMPLETE DATE OF DEATH <i>(in English)</i> MM/DD/YYYY	BEFORE OR AFTER SUNSET	RELATIONSHIP	MOURNER'S NAME
English: Hebrew <i>(Use English Alphabet):</i>	/ /			
English: Hebrew <i>(Use English Alphabet):</i>	/ /			
English: Hebrew <i>(Use English Alphabet):</i>	/ /			
English: Hebrew <i>(Use English Alphabet):</i>	/ /			
English: Hebrew <i>(Use English Alphabet):</i>	/ /			

