

**LAKE HOPATCONG JEWISH COMMUNITY CENTER  
MEMBERSHIP APPLICATION**

**APPLICANT INFORMATION**

Name:

Date of birth:

Hebrew Name:

Phone:

Current address:

City:

State:

ZIP Code:

**SPOUSE INFORMATION IF JOINT MEMBERSHIP**

Name:

Date of birth:

Hebrew Name:

**CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED**

Name:

Date of Birth:

Hebrew Name:

Name:

Date of Birth:

Hebrew Name:

Name:

Date of Birth:

Hebrew Name:

Name:

Date of Birth:

Hebrew Name:

**Yahrzeit**

Name(s) and date of any relatives you are observing Yahrzeit for:

Relationship and Date:

Relationship and Date :

Relationship and Date :

Relationship and Date :

**SIGNATURES**

Applicant:

Date:

Spouse:

Date: