

**MOSES MONTEFIORE ANSHE EMUNAH**

**Greengate Jewish Center**

7000 Rockland Hills Drive ~ Baltimore, Maryland 21209

Phone: 410-653-SHUL (7485) ~ Fax: 410-653-7487

www.mmae.org ~ info@mmae.org

Yerachmiel Shapiro, *Rabbi*

Joel Dinin, *Associate Rabbi*

**MEMBERSHIP APPLICATION**

**Date:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_

**Member #1**

(Mr, Ms, Mrs, Dr.) Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's Hebrew Name: \_\_\_\_\_ Mother's Hebrew Name: \_\_\_\_\_

Born Jewish: Yes No If a Jew by choice, Rabbi's name that performed the conversion: \_\_\_\_\_

Occupation: \_\_\_\_\_ Title: \_\_\_\_\_

Employer/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City-State-Zip: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Anniversary Date: \_\_\_\_\_

**Member #2**

(Mr, Ms, Mrs, Dr.) Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's Hebrew Name: \_\_\_\_\_ Mother's Hebrew Name: \_\_\_\_\_

Born Jewish: Yes No If a Jew by choice, Rabbi's name that performed the conversion: \_\_\_\_\_

Occupation: \_\_\_\_\_ Title: \_\_\_\_\_

Employer/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City-State-Zip: \_\_\_\_\_

**Children (if living at home or in college)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

**Yahrzeits**

Relationship: \_\_\_\_\_ Hebrew Yahrzeit Date: \_\_\_\_\_ English Date: \_\_\_\_\_  
Hebrew Name: \_\_\_\_\_ English Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Hebrew Yahrzeit Date: \_\_\_\_\_ English Date: \_\_\_\_\_  
Hebrew Name: \_\_\_\_\_ English Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Hebrew Yahrzeit Date: \_\_\_\_\_ English Date: \_\_\_\_\_  
Hebrew Name: \_\_\_\_\_ English Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Hebrew Yahrzeit Date: \_\_\_\_\_ English Date: \_\_\_\_\_  
Hebrew Name: \_\_\_\_\_ English Name: \_\_\_\_\_

**MEMBERSHIP CATEGORIES**

Family Membership (30+)	\$550	Single Membership	\$350
Family Membership (Under 30)	\$300	Associate Membership*	\$300
		Friends of MMAE**	\$300

\* Associate Membership is for those individuals or families that attend High Holiday services elsewhere, but wish to maintain a relationship with MMAE and it's Rabbis, and receive all mailings, discounts on rentals, cemetery plots, etc.

\*\* Friends of MMAE is for those individuals or families that are not Jewish, but wish to support MMAE and our programs.

Being of the Jewish faith, the undersigned apply for Membership in the Moses Montefiore Anshe Emunah Hebrew Congregation.

Signed \_\_\_\_\_ Signed \_\_\_\_\_