

MOSES MONTEFIORE ANSHE EMUNAH

Greengate Jewish Center

7000 Rockland Hills Drive ~ Baltimore, Maryland 21209

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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: _____

Occupation: _____ Title: _____

Employer/Company Name: _____

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: _____

Occupation: _____ Title: _____

Employer/Company Name: _____

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 _____