



Membership Application

1500 Hagys Ford Road, Penn Valley, PA 19072 ♦ 610-667-5000

Date of Application

Please Print Clearly	Adult 1	Adult 2
Full Name		
Title (Mr., Mrs., Ms., Dr., Rabbi)		
Preferred Nickname		
Email Address		
Home/Evening Phone #		
Daytime Phone #		
Date of Birth		
Religion (Jewish, Not Jewish, Jewish by Conversion)		
Hebrew Name		
Occupation		

How would you like mail addressed:

Name _____

Address _____

City _____ State _____ Zip _____

When was your wedding date (if applicable)? _____

Previous Synagogue Affiliation _____

What attracted you to Har Zion? _____

Children (if applicable):

Name	M/F	Hebrew Name	Birth Date	Bar/Bat Mitzvah Date

Please list the **yahrzeits** of any deceased loved ones for whom you would like to receive a reminder mailing

Name of Deceased	Related to whom	Relationship	English Date of Death	Before or After Sunset