



**SEATTLE SEPHARDIC BROTHERHOOD**  
NEW MEMBERSHIP APPLICATION

I HEREBY APPLY FOR MEMBERSHIP IN THE SEATTLE SEPHARDIC BROTHERHOOD AND PLEDGE MYSELF TO SUPPORT ITS IDEALS AND PURPOSES.

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ BUS. PHONE: (\_\_\_\_) \_\_\_\_\_

HAVE YOU BEEN A PREVIOUS MEMBER? \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SINGLE: \_\_\_\_\_ MARRIED: \_\_\_\_\_ DIVORCED: \_\_\_\_\_ WIDOW(ER): \_\_\_\_\_

WIFE'S MAIDEN NAME: (first and last) \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAMES OF CHILDREN: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SYNAGOGUE AFFILIATION: \_\_\_\_\_ RABBI'S VALIDATION: (confirming that congregant has been a member in good standing for at least two years) \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

*Completing and signing this application form, including Rabbi's Validation, attaching payment and receipt by the Brotherhood either in person or via US mail does not constitute acceptance for membership until this application is voted on and accepted by a majority of the Board of Trustees.*

INITIATION FEE: \$ \_\_\_\_\_

CURRENT DUES: \_\_\_\_\_

LIFETIME DUES \_\_\_\_\_

PREPAID BURIAL FEES (available to Lifetime Members only) \_\_\_\_\_

TOTAL AMOUNT DUE: \_\_\_\_\_

\_\_\_\_\_ ACCEPTED \_\_\_\_\_ DATE

MEMBER NUMBER: \_\_\_\_\_ MEMBERSHIP CHAIRMAN \_\_\_\_\_

Return completed application and check to: Seattle Sephardic Brotherhood  
P.O. Box 80685  
Seattle, WA 98108  
(206) 344-5238