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11618 Seven Locks Road • Potomac • Maryland 20854  
301-299-2827

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Dear Applicant for Membership:

The attached packet contains the forms to apply for membership in Young Israel • Ezras Israel of Potomac. Please complete each form and return to the address above.

1. Application for Membership
  - a. Complete and sign the application.
  - b. Please enclose your check.
2. Family Record of Membership
  - a. Please type or print clearly.
  - b. Fill in each space that is applicable to you. Otherwise, please indicate N/A (not applicable).
  - c. If you have any questions, please call the Synagogue at (301)299-2827 and leave a message.
3. Confidential Form
  - a. The Constitution of Young Israel • Ezras Israel of Potomac states, "Any Jewish man or woman who has reached the age of Bar-Mitzvah (13) or Bas-Mitzvah (12), respectively, and is of good character shall be eligible to be considered for membership by the Board of Directors. No person shall be eligible for membership who is married not in accordance with traditional Jewish law."
  - b. All applicants for membership are asked to complete the "Confidential" form before their membership can be considered. This confidential form will be seen by the Rabbi only; no other member or officer of the Congregation will have access to this form. If you have any questions relative to this form, please contact the Rabbi.
  - c. Complete the Confidential Form and include in a separate sealed envelope.
4. The annual membership fee is \$850 for a family or \$450 for a single individual. In addition, all members are required to fulfill a \$2,500 Building Fund obligation, payable over the first 5 years. Specific Shul items are also available for dedication. Please review the fee schedule attached. The Shul President should be contacted for confidential discussions regarding financial difficulty.
5. Associate memberships are available to applicants who have a membership in good standing with another synagogue in the Greater Washington Area. Associate members do not receive discounts for services nor do they have voting rights at YIEIP annual elections. Associate membership fees are determined by the Board of Directors and are subject to change annually. Membership is currently \$350/yr.

**Thank you for your interest in Young Israel • Ezras Israel of Potomac.**

# Young Israel • Ezras Israel of Potomac

11618 Seven Locks Road

Potomac, Maryland 20854

(301)299-2827

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## APPLICATION FOR MEMBERSHIP

Date

To: Board of Directors  
Young Israel • Ezras Israel of Potomac

Board Members:

I hereby apply for membership in Young Israel • Ezras Israel of Potomac and, if elected, I hereby agree to abide by the Constitution and By-Laws of the Congregation. I am enclosing the membership fee of \$\_\_\_\_\_ as required.

Print or type name

Signed

Recommended by

Membership fee refunded if not elected.

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YOUNG ISRAEL • EZRAS ISRAEL  
OF POTOMAC

11618 SEVEN LOCKS ROAD  
POTOMAC, MD 20854  
(301)299-2827

FAMILY RECORD OF MEMBER  
(Please Print)

Name

Home Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Home Phone #

Work Phone #

Email Address(s) \_\_\_\_\_

For Office Use Only:

Approved by

Rabbi \_\_\_\_\_ Date

Date approved for Membership  
by Board

Date entered in  
Synagogue Records

MALE MEMBER

Title: Mr. \_\_\_\_\_ Dr. \_\_\_\_\_ Rabbi \_\_\_\_\_ Other

Name  
last first middle

\*Hebrew Name \_\_\_\_\_ ben  
Kohen [ ] Levi [ ] Yisroel [ ]

Date of Birth \_\_\_\_\_ Place of Birth

Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widower \_\_\_\_\_ Single

If Married, Date of Marriage

Father's Name-  
English  
last first middle

\*Hebrew \_\_\_\_\_ ben

Mother's Name-  
English  
last first middle

\*Hebrew \_\_\_\_\_ bas  
Kohen [ ] Levi [ ] Yisroel [ ]

If either parent is deceased, please state date of death:\*\*

Father  
Hebrew Month Day Year

English Month Day Year

Mother  
Hebrew Month Day Year

English Month Day Year

\*Hebrew names may be written in Hebrew or English transliteration.

\*\*If you keep additional Yarzeits, please contact the office for additional forms, so we may add this information to your record.

FEMALE MEMBER

Title: Mrs.\_\_\_\_ Miss\_\_\_\_ Ms.\_\_\_\_ Dr.\_\_\_\_ Other

Name  
last first middle

\*Hebrew Name\_\_\_\_\_ bas

Maiden Name, if Married

Date of Birth\_\_\_\_\_ Place of Birth

Marital Status: Married\_\_\_\_ Divorced\_\_\_\_ Widow\_\_\_\_ Single

If Married, Date of Marriage

Father's Name-  
English  
last first middle

\*Hebrew\_\_\_\_\_ ben  
Kohen [ ] Levi [ ] Yisroel [ ]

Mother's Name-  
English  
last first middle

\*Hebrew\_\_\_\_\_ bas  
Kohen [ ] Levi [ ] Yisroel [ ]

If either parent is deceased, please state date of death:\*\*

Father  
Hebrew Month Day Year

English Month Day Year

Mother  
Hebrew Month Day Year

English Month Day Year

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\*\*If you keep additional Yarzeits, please contact the office for additional forms, so we may add this information to your record.

### CHILDREN OF MEMBER

Child: Mr.\_\_\_\_ Miss\_\_\_\_ Mrs.\_\_\_\_ Other

Name  
last first middle

\*Hebrew Name\_\_\_\_\_ ben/bas

Date of Birth (English/Hebrew)

Marital Status: Single\_\_\_\_ Married\_\_\_\_ Divorced

If Married, Spouse's Name-  
English\_\_\_\_\_ \*Hebrew\_\_\_\_\_ ben/bas  
first middle Kohen [ ] Levi [ ] Yisroel [ ]

Child: Mr.\_\_\_\_ Miss\_\_\_\_ Mrs.\_\_\_\_ Other

Name  
last first middle

\*Hebrew Name\_\_\_\_\_ ben/bas

Date of Birth (English/Hebrew)

Marital Status: Single\_\_\_\_ Married\_\_\_\_ Divorced

If Married, Spouse's Name-  
English\_\_\_\_\_ \*Hebrew\_\_\_\_\_ ben/bas  
first middle Kohen [ ] Levi [ ] Yisroel [ ]

Child: Mr.\_\_\_\_ Miss\_\_\_\_ Mrs.\_\_\_\_ Other

Name  
last first middle

\*Hebrew Name\_\_\_\_\_ ben/bas

Date of Birth (English/Hebrew)

Marital Status: Single\_\_\_\_ Married\_\_\_\_ Divorced

If Married, Spouse's Name-  
English\_\_\_\_\_ \*Hebrew\_\_\_\_\_ ben/bas  
first middle Kohen [ ] Levi [ ] Yisroel [ ]

### ADDITIONAL CHILDREN OF MEMBER

Member's Name

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Child: Mr. \_\_\_\_\_ Miss \_\_\_\_\_ Mrs. \_\_\_\_\_ Other

Name  
last first middle

\*Hebrew Name \_\_\_\_\_ ben/bas

Date of Birth (English/Hebrew)

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced

If Married, Spouse's Name-  
English \_\_\_\_\_ \*Hebrew \_\_\_\_\_ ben/bas  
first middle Kohen [ ] Levi [ ] Yisroel [ ]

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Child: Mr. \_\_\_\_\_ Miss \_\_\_\_\_ Mrs. \_\_\_\_\_ Other

Name  
last first middle

\*Hebrew Name \_\_\_\_\_ ben/bas

Date of Birth (English/Hebrew)

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced

If Married, Spouse's Name-  
English \_\_\_\_\_ \*Hebrew \_\_\_\_\_ ben/bas  
first middle Kohen [ ] Levi [ ] Yisroel [ ]

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Child: Mr. \_\_\_\_\_ Miss \_\_\_\_\_ Mrs. \_\_\_\_\_ Other

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last first middle

\*Hebrew Name \_\_\_\_\_ ben/bas

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first middle Kohen [ ] Levi [ ] Yisroel [ ]

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CONFIDENTIAL FORM

Male Member

Female Member

Yes

No

Yes

No

1. Were you ever married before and did that marriage end in divorce?  
If yes, please enclose a copy of the divorce document.

2. Are any children in your family adopted?  
Yes\_\_\_\_\_ No

3. Were you adopted?

4. Did you convert to Judaism?  
If yes, please enclose a copy of the conversion document.

5. To the best of your knowledge-

a. Were your parents born of a Jewish mother?

b. Were your parents converted to Judaism?

c. Were either of your parents divorced prior to your birth?

6. If you are married, please indicate:

Place of Marriage

Officiated by

Signed:

Husband

Date

Wife

Date

Phone Number: