

Congregation Zichron Mordechai
268 West Englewood Avenue
Teaneck, New Jersey 07666

MEMBERSHIP APPLICATION

If you are interested in becoming a member of Congregation Zichron Mordechai, please complete the information below and mail it to the shul at the above address.

APPLICATION INFORMATION:

DATE _____

First Name: _____

Spouse's First Name: _____

Last Name: _____

Spouse's Last Name (if
different): _____

Title (e.g., Mr., Dr.,
Rabbi): _____

Spouse's Title: _____

Address: _____

Phone Number: _____

E-Mail Address: _____

__ I would like to become a full member of Congregation Zichron Mordechai. Full membership is \$650 per family per year. Only full members can vote and hold office and full members receive discounted prices for holiday seats.

__ I would like to become an associate member of Congregation Zichron Mordechai. Associate membership is \$300 per family per year.

Signature

