

Date of application _____

Adult Member 1: Mr. Mrs. Ms. Miss Dr. Rabbi Other (specify)

Name: _____

Home Address: _____

City/State/ Zip: _____

Home Phone: _____ Cell Phone: _____

Add this number to Minyan WhatsApp

Date of Birth: ___/___/___ Hebrew Birthday: _____

E-mail: _____ Add this email address to listserve

Marital Status (optional):

Married Single Engaged Divorced Widowed Partnered

If married/engaged, wedding date: (____/____/____)

Hebrew Name: _____

Parents' Hebrew names:

Father: _____

Mother: _____

- Able to read Torah/Haftarah
- Able to lead davening on Shabbat
- Able to lead davening on Yom Tov
- Able to read Megillat Esther (women or men)
- Would like to read the prayer for the IDF in Hebrew (women or men)
- Would like to read the prayer for the IDF in English (women or men)
- Would like to read the prayer for the State of Israel in Hebrew (women or men)
- Would like to read the prayer for the State of Israel in English (women or men)
- Would like to open/close the Aron during davening (women or men)

Adult Member 2: Mr. Mrs. Ms. Miss Dr. Rabbi Other (specify)

Name: _____

Home Address: _____

City/State/ Zip: _____

Home Phone: _____ Cell Phone: _____

Add this number to Minyan WhatsApp

Date of Birth: ___/___/___ Hebrew Birthday: _____

E-mail: _____ Add this email address to listserve

Marital Status (optional):

Married Single Engaged Divorced Widowed Partnered

If married/engaged, wedding date: (____/____/____)

Hebrew Name: _____

Parents' Hebrew names:

Father: _____

Mother: _____

- Able to read Torah/Haftarah
- Able to lead davening on Shabbat
- Able to lead davening on Yom Tov
- Able to read Megillat Esther (women or men)
- Would like to read the prayer for the IDF in Hebrew (women or men)
- Would like to read the prayer for the IDF in English (women or men)
- Would like to read the prayer for the State of Israel in Hebrew (women or men)
- Would like to read the prayer for the State of Israel in English (women or men)
- Would like to open/close the Aron during davening (women or men)

Children:

First & Last Name	Hebrew Name	Gender	Birthday	School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Yahrzeit Information *(if you would like to be reminded of the anniversary of the passing of a loved one)*

Name of Deceased	Hebrew Name	Relationship	English Date of Passing	Hebrew Date of Passing
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signatures:

Adult Member 1

Adult Member 2

**PLEASE RETURN COMPLETED FORM TO DEB KOVSKY, 13329 LUDLOW AVE, HUNTINGTON WOODS MI 48070
FAX: 313-731-1572 / EMAIL: ORCHADASHMEMBERSHIP@GMAIL.COM**