

# BETH ABRAHAM

## SEPHARDIC CONGREGATION OF NEW ENGLAND

Services at:  
18 Williston Road  
Brookline, MA 02446

[www.BethAbraham-Brookline.org](http://www.BethAbraham-Brookline.org)

Mailing Address:  
P.O. Box 1080  
Brookline, Mass. 02446

### Membership Application/Renewal

**I hereby apply for:    membership    renewal of my/our membership  
in the Sephardic Congregation of New England.**

Kindly fill out application with as much information as you wish.

**Only name and any new information are needed for a renewal application.**

Name: Mr. \_\_\_\_\_  
 Mrs. \_\_\_\_\_  
 Dr. \_\_\_\_\_  
 Ms. \_\_\_\_\_  
 Mr. & Mrs. \_\_\_\_\_

	First Name	M.I.	Last Name	Hebrew Name
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Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Tel. Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Bus. Address: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

	First Name	M.I.	Last Name	Hebrew Name
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**Children**

	First Name	Hebrew Name			
M _____ F _____			Date of Birth: _____	Hebrew Date: _____	
M _____ F _____			Date of Birth: _____	Hebrew Date: _____	
M _____ F _____			Date of Birth: _____	Hebrew Date: _____	
M _____ F _____			Date of Birth: _____	Hebrew Date: _____	

You are a: \_\_\_\_\_ Cohen \_\_\_\_\_ Levy \_\_\_\_\_ Israel  
 Your Spouse is a: \_\_\_\_\_ Cohen \_\_\_\_\_ Levy \_\_\_\_\_ Israel

**Yahrzeits (memorial days) observed to be entered in Synagogue Calendar**

(please give Hebrew name and date if known)

Date	Name	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b><u>Membership Fee</u></b>	Membership	\$ _____	
	Memorial plaques <u>  </u> qty @ \$360.00 ea	\$ _____	(See form on back)
	Pledges	\$ _____	
<input type="checkbox"/> Family - \$152	Etrogim: <u>  </u> qty @ \$78.00 ea	\$ _____	
	Additional Contribution	\$ _____	
<input type="checkbox"/> Individual - \$100	Total Enclosed	\$ _____	
	(your contribution is tax deductible)		

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**Memorial Plaque Order Form**

We are pleased to have available for our members plaques, on a memorial board, to commemorate our loved ones

The plaques will be 10" x 2" each and will be of cast bronze. Each will have an individual memorial lamp.

Plaques saying "**RESERVED**" may also be ordered

**Text for plaques**

<b>Date</b> (common or Hebrew)	<b>Name</b>	<b>Hebrew name</b>	<b>Indicate if after sunset</b> <b>(applies to common date</b>
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only)

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If you only have the common date, we can determine the Hebrew date

Plaques are \$360 each. Please add the total to the front of this form.