



Beit Midrash Morasha  
@ Arthur's Road  
בית מדרש מורשה

Rabbi Sam Thurgood | 31 Arthur's Road Sea Point 8005 | T +27 21 434 8680 | F +27 21 434 0314 | E [info@morasha.co.za](mailto:info@morasha.co.za) | W [morasha.co.za](http://morasha.co.za)

**APPLICATION FOR MEMBERSHIP OF BEIT MIDRASH MORASHA**

Attention: Wendy Berger  
31 Arthur's Road  
8005 SEA POINT

Tel : (021) 434 8680  
Fax : (021) 434-0314  
Email : [info@morasha.co.za](mailto:info@morasha.co.za)

I hereby wish to make formal application for membership of your congregation and agree to abide by its constitution.

SURNAME \_\_\_\_\_ FIRST NAMES (DR/MR/MRS/MS) \_\_\_\_\_

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

POSTAL ADDRESS \_\_\_\_\_

PHONE:MR(H) \_\_\_\_\_ EMAIL:(H) \_\_\_\_\_

PHONE:MS/MRS(H) \_\_\_\_\_ EMAIL:(H) \_\_\_\_\_

PHONE:MR(W) \_\_\_\_\_ EMAIL:(W) \_\_\_\_\_

PHONE:MS/MRS(W) \_\_\_\_\_ EMAIL:(W) \_\_\_\_\_

CELL PHONE NO: MR \_\_\_\_\_ MRS/MS \_\_\_\_\_

DATE OF BIRTH:MR \_\_\_\_\_ MRS/MS \_\_\_\_\_

SPOUSE'S FIRST NAME & SURNAME \_\_\_\_\_

MAIDEN NAME OF PARTNER (OR APPLICANT) \_\_\_\_\_

SYNAGOGUE AND DATE OF MARRIAGE \_\_\_\_\_

HEBREW NAMES MR: (YOURS) \_\_\_\_\_

(FATHERS) \_\_\_\_\_

(MOTHERS) \_\_\_\_\_

HEBREW NAMES MS/MRS: (YOURS) \_\_\_\_\_

(FATHERS) \_\_\_\_\_

(MOTHERS) \_\_\_\_\_

CHILDREN'S NAMES	HEBREW NAMES	DATE OF BIRTH	CELL PHONE NUMBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF APPLICANT **MALE**, ARE YOU A COHEN, LEVI OR YISRAEL? \_\_\_\_\_

PREVIOUS CONGREGATION \_\_\_\_\_

I AM HAPPY TO DO SECURITY DUTY APPROX.EVERY 5<sup>TH</sup> WEEK PLUS JEWISH HOLIDAYS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

RABBI'S SIGNATURE \_\_\_\_\_ Application accepted at Committee meeting held on \_\_\_\_\_

SIGNED \_\_\_\_\_ CHAIRMAN

**YAHRZEITS**

Name & Surname  
(Hebrew & English)

Ben / Bat
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Relationship to  
Applicant

	English & Hebrew date; day month time	
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