



The Sephardic Jewish Brotherhood of America

67-67 108th Street Forest Hills, NY 11375

Office@Sephardicbrotherhood.com | 718-685-0080

Membership Application

Applicant's Name: _____ Date of Birth: _____

Hebrew Name: _____ Mother's Hebrew Name: _____

Mother's Full (Maiden) Name: _____ Father's Full Name: _____

Membership Type Candidate is Applying for (Check Box):

Full Membership

Membership without Benefits (Social Membership)

Is Your Mother Living: Yes / No Is Your Father Living: Yes / No

If deceased, please indicate full Hebrew name and date of Passing for their annual memorial (Meldado):

Current Employment: _____ Industry: _____

Mother's Jewish Status: Jewish / Not Jewish

Father's Jewish Status: Jewish / Not Jewish

Have you, your parents, or grandparents undergone conversion to Judaism: Yes / No

If yes, please indicate who in your family has undergone conversion, date of conversion, place, and Beth Din (Jewish Court) that conducted the Conversion: _____

Spouse's Name: _____ Spouse's Date of Birth: _____

Hebrew Name: _____ Mother's Hebrew Name: _____

Mother's Full (Maiden) Name: _____ Father's Full Name: _____

Is Your Mother Living: Yes / No Is Your Father Living: Yes / No

If deceased, please indicate full Hebrew name and date of Passing for their annual memorial (Meldado):

Spouse's Current Employment: _____ Industry: _____

Mother's Jewish Status: Jewish / Not Jewish

Father's Jewish Status: Jewish / Not Jewish

Has your spouse, their parents, or grandparents undergone conversion to Judaism: Yes / No

If yes, please indicate who in your family has undergone conversion, date of conversion, place, and Beth Din (Jewish Court) that conducted the Conversion: _____

Home Address: _____

Home phone: _____ Cell phone: _____

Email address: _____

Spouse's Email address: _____ Spouse's Cell phone: _____

Children or other Dependent(s): _____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

Do You or Your Spouse Have Any Relatives that are Members of the Sephardic Brotherhood: Yes / No

If Yes, Please List Their Name(s): _____

Are you currently affiliated with any synagogue or Jewish community organization: Yes / No

If Yes, please list your affiliations: _____

Any Additional Notes on your background you would like the review committee to know:

I, the undersigned, hereby certify that all the statements, representations and answers contained in this application and in every part thereof, are full, complete, and true. I agree that any untrue statement or misrepresentation of information on this application shall forfeit my rights and the rights of my dependents and beneficiaries under my membership. It is understood that my membership shall commence after my notification of approval from the Executive Committee of the organization and issuance of a membership file number.

Signature: _____ Date of Application: _____