

# MEMBERSHIP APPLICATION

## Det Jødiske Samfund i Danmark (DJS)



DET JØDISKE SAMFUND  
I DANMARK

Last name: \_\_\_\_\_ previous last name/maiden name: \_\_\_\_\_

First name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Postcode and city: \_\_\_\_\_

Tel. no.: \_\_\_\_\_ Mobile no.: \_\_\_\_\_

E-mail: \_\_\_\_\_

CPR.nr.: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Marital status (tick box): single  married

Name of spouse, if any: \_\_\_\_\_

Are one or both of your parents current or former members of DJS? \_\_\_\_\_

Father's name: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Mother's maiden name: \_\_\_\_\_

**If your parents are not or have not been members of DJS, you may need to provide documentation of your Jewish ancestry. If so, we will contact you.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Approved by the Chief Rabbi: \_\_\_\_\_

I would like to receive (tick box):

- Newsletter (sent out once a week)
- Shabbat greeting (sent out every Friday)
- Information about deaths and funerals



Information about your children, if any, under the age of 18:

First name(s): \_\_\_\_\_

Last name: \_\_\_\_\_

CPR.nr.: \_\_\_\_\_

Birthplace: \_\_\_\_\_

First name(s): \_\_\_\_\_

Last name: \_\_\_\_\_

CPR.nr.: \_\_\_\_\_

Birthplace: \_\_\_\_\_

First name(s): \_\_\_\_\_

Last name: \_\_\_\_\_

CPR.nr.: \_\_\_\_\_

Birthplace: \_\_\_\_\_

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Last name: \_\_\_\_\_

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