

Det Mosaiske Crossamfund

Last name: _____ First/middle name: _____

Hebrew name: _____

Address: _____ Phone number: _____

City/Postal code: _____ E- mail: _____

Employment/Position: _____

Annual gross income (to estimate membership fee: _____

Personal identification number (11 digits: _____

Place of birth: _____ Citizenship: _____

Moved to Norway: _____

Father's name: _____ Fathers place of birth: _____

Mother's name: _____ Mother's place of birth: _____

Married: (place): _____ Date: _____

Spouse's name: _____

(A separate application must be attached for spouse or other adults over 15 years of age in the family household).

Children:

Name: _____ Place of birth: _____

Personal id number (11 digits): _____

Name: _____ Place of birth: _____

Personal id number (11 digits): _____

Name: _____ Place of birth: _____

Personal id number (11 digits): _____

Name: _____ Place of birth: _____

Personal id number (11 digits): _____

If converted please attach certificate.

I have previously been a member of _____ congregation where I have fulfilled my obligations. Signature: _____

When the application has been processed and approved you will receive the statutes of the congregation. The membership term are under §§ 3, 4, 5, 6 and 11. According to § 14 a person is no longer a member upon written notice from the member, no later than 1. September, effective 1. January the following year.

Place: _____ Date: _____ Signature: _____