



Israelitische Kultusgemeinde München und Oberbayern K.d.ö.R.

St.-Jakobs-Platz 18 · 80331 München ·

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Application for membership

Personal information		
Title		
Name according to passport		
Maiden name (if applicable)		
First name according to passport		
Jewish first name		
Nationality		
Denomination		
Date of birth Place of birth		
Profession		
Marital status		
Address		
Zip code and city		
Phone home Phone work		
Mobile number		
Email		
In Germany since (if applicable)		
In Upper Bavaria since (if applicable)		
Previous place of residence		
Quota refugee	Yes	No
Family members		
Name	Date of birth	Place of residence
Mother:		
Father:		
Spouse:		
Children:		

Please note: The membership form must be submitted for each person individually.

Would you like to receive our newsletter? yes no

I apply for admission to the Jewish community of Munich and Upper Bavaria and hereby declare my consent to the confessional tax registration. I agree that my data may be stored and processed by the Jewish Community for membership administration and for sending of invitations and information. My data may only be passed on to a service provider for the sake of mailing on behalf of the Jewish community. I can revoke this consent at any time by notifying the Israelitische Kultusgemeinde in text form.

Place, date: **Signature:**

NOTE: Membership requires confirmation by the administration of the Jewish community in Munich and Upper Bavaria K.d.ö.R. in advance and only becomes effective when it is available.