

REGISTRATION FORM FOR THE TORAH SYNAGOGUE REGISTER

Our congregation can meet the six requirements of the Torah Synagogue Register and requests that it be included in its listing.

(Please Print or Type)

.....
(Name of Congregation)

.....
(Street)

.....
(City, State, Zip Code Number)

.....
(Name of Rabbi)

.....
(Signature of Rabbi)

.....
(Name of Lay Leader)

.....
(Office of Lay Leader)

.....
(Signature of Lay Leader)

TEAR HERE AND USE ENCLOSED ENVELOPE

Please designate whether your orthodox congregation is:

Ashkenazic.....; Sephardic.....; or Chasidic.....

Complete and mail to:—IRVING POLLACK, 121 East 182nd Street, The Bronx, N. Y. 10453