

Hebrew Institute of Riverdale - The Bayit

MEMBERSHIP APPLICATION



Special First Year Rate for New Members:

☐ Family \$1,300 (Regular Rate: \$1,800)

☐ Single-Parent Family \$900 (Regular Rate: \$1,200)

☐ Single \$650 (Regular Rate: \$900)

☐ New members are automatically included in our online member directory, please check here if you do not want to be listed

Please complete both sides of this application and attach a check payable to HIR.

Mailing Address:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Home Fax #: _____

☐ Check this box to receive calls about upcoming events and shiva information.

General Information:

Full Name: _____ Hebrew Name: _____

Father's Hebrew Name: _____ Mother's Hebrew Name: _____

Your Bar/Bat Mitzvah Parsha: _____ Date of Birth M/D/Y: _____

Tribe (Circle 1): Cohen Levi Yisrael Work Phone #: _____

E-mail: _____ Cell Phone #: _____

☐ Check this box to regularly receive e-mail about our upcoming classes, events & shiva details.

Spouse Information

Full Name: _____ Hebrew Name: _____

Father's Hebrew Name: _____ Mother's Hebrew Name: _____

Your Bar/Bat Mitzvah Parsha: _____ Date of Birth M/D/Y: _____

Tribe (Circle 1): Cohen Levi Yisrael Work Phone #: _____

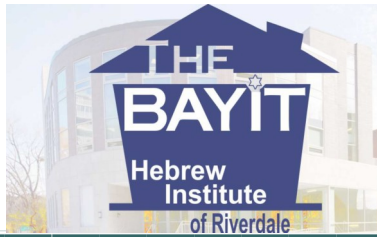
E-mail: _____ Cell Phone #: _____

Wedding Anniversary (English Date) M/D/Y: _____

☐ Check this box to regularly receive e-mail about our upcoming classes, events & shiva details.

Children Information:

| English Name | Hebrew Name | Date of Birth M/D/Y | School/Grade |
|--------------|-------------|---------------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |



Yahrzeits Information:

Your Relatives:

Full English Name: _____

Full Father's Hebrew Name: _____

Hebrew Date of Passing: M/D/Y _____

Full Hebrew Name: _____

Relationship: _____

English Date of Passing: M/D/Y _____

☐ Before Sunset

☐ After Sunset

Full English Name: _____

Full Father's Hebrew Name: _____

Hebrew Date of Passing: M/D/Y _____

Full Hebrew Name: _____

Relationship: _____

English Date of Passing: M/D/Y _____

☐ Before Sunset

☐ After Sunset

Spouse's Relatives:

Full English Name: _____

Full Father's Hebrew Name: _____

Hebrew Date of Passing: M/D/Y _____

Full Hebrew Name: _____

Relationship: _____

English Date of Passing: M/D/Y _____

☐ Before Sunset

☐ After Sunset

Full English Name: _____

Full Father's Hebrew Name: _____

Hebrew Date of Passing: M/D/Y _____

Full Hebrew Name: _____

Relationship: _____

English Date of Passing: M/D/Y _____

☐ Before Sunset

☐ After Sunset

☐ Check this box if you would like to purchase a memorial plaque in memory of a loved one.

Check the following that you would like to be involved in:

☐ Youth Events

☐ Community Security Service (CSS)

☐ Golden Age (older adults)

☐ Meals for New Parents

☐ Israel Activism

☐ Hospitality (hosting visitors to Riverdale)

☐ Bikkur Cholim (visiting the sick)

☐ Women's Tefillah

☐ Chevra Kadisha (helping the bereaved)

☐ Young Couples

Please mail with payment to Hebrew Institute of Riverdale, 3700 Henry Hudson Parkway, Bronx, NY 10463
Phone: 718-796-4730 * Fax: 718-884-3206 * E-mail: office@thebayit.org * Website: www.thebayit.org