

Young Israel of Sharon

100 Ames Street, Sharon MA, 02067 Phone: 781-784-6112, Website: www.yisharon.org

		Date:	
Membership Application			
Please choose one of the men	nbership options below:		
Full Associate (indi	icate where you are a member)		
For information on yearly dues, plemail at yisfinancial@gmail.com <i>Please note:</i> No family will be turn	l.		
Family Name:			
Street:	City:	State:	
Zip: Home tele	ephone:		
Primary Email Address :			
<i>Male Spouse</i> Title: First:	Last	:	
Hebrew name:			
Email:Occupation:			
Father's name: English			
Mother's name: English			
Female Spouse	I4		
Title: First: Hebrew name:	Last Pirthdator	:	
Email:			
Occupation:	Ce	ell:	
Father's name: English			
Mother's name: English			
Anniversary Date:	Year You Moved to Sharon:		

Children's names, ages/birthdates, and schools (optional):		
Please let us know if you wou	ıld be interested in being involved in any of	
the following areas:	3	
□Chessed	☐Shul programming	
□Hospitality	☐ Kitchen/Kiddush	
□Education	☐ Membership	
□Davening/Leining	☐ Fundraising	
☐Tefillat Nashim	☐ Inclusion	
Please let us know of any special ne	eeds or accommodations we can be sensitive to:	

The Young Israel of Sharon uses an online billing and membership system. Once the shul office sets you up as a new member, you will receive an email with a link to log into and create your own personal account. You will be able to update your profile with more information on family members, Yahrzeits, and billing information, and will be able to view and pay financial obligations.

In addition to pages on the website that are visible to the general public, there are pages that are only viewable to members who are logged in, such as a member directory, photo albums and more.

Please return this membership form to Sandy in the YI office, or by mail to Young Israel of Sharon, PO Box 118, Sharon, MA 02067.