

Phone (954) 966-7877 * Fax (954) 962-5566 * website www.yih.org email: info@yih.org

CHILDREN'S PROFILES

1. NAME _____ BIRTHDATE _____ AGE _____

SCHOOL NOW ATTENDING _____ GRADE _____

BAR MITZVAH DATE _____ HEBREW NAME _____

COLLEGE OR UNIVERSITY NOW ATTENDING (IF APPLICABLE) _____

ADDRESS AT SCHOOL _____

2. NAME _____ BIRTHDATE _____ AGE _____

SCHOOL NOW ATTENDING _____ GRADE _____

BAR MITZVAH DATE _____ HEBREW NAME _____

COLLEGE OR UNIVERSITY NOW ATTENDING (IF APPLICABLE) _____

ADDRESS AT SCHOOL _____

3. NAME _____ BIRTHDATE _____ AGE _____

SCHOOL NOW ATTENDING _____ GRADE _____

BAR MITZVAH DATE _____ HEBREW NAME _____

COLLEGE OR UNIVERSITY NOW ATTENDING (IF APPLICABLE) _____

ADDRESS AT SCHOOL _____

4. NAME _____ BIRTHDATE _____ AGE _____

SCHOOL NOW ATTENDING _____ GRADE _____

BAR MITZVAH DATE _____ HEBREW NAME _____

COLLEGE OR UNIVERSITY NOW ATTENDING (IF APPLICABLE) _____

ADDRESS AT SCHOOL _____

5. NAME _____ BIRTHDATE _____ AGE _____

SCHOOL NOW ATTENDING _____ GRADE _____

BAR MITZVAH DATE _____ HEBREW NAME _____

COLLEGE OR UNIVERSITY NOW ATTENDING (IF APPLICABLE) _____

ADDRESS AT SCHOOL _____

IF MORE SPACE IS NEEDED, PLEASE USE THE BACK OF THIS SHEET

COMMITTEE VOLUNTEER PROFILE

PREVIOUS AFFILIATION

SYNAGOGUE

_____ CITY _____ STATE _____

OFFICES HELD _____ COMMITTEES _____

I AM INTERESTED IN VOLUNTEERING ON ONE OR MORE OF THE FOLLOWING COMMITTEES:

- | | |
|--|--|
| <p>_____ Adult Education</p> <p>_____ Bikur Cholim</p> <p>_____ Brotherhood</p> <p>_____ Decorum</p> <p>_____ Development Committee</p> <p>_____ Dinner/Journal</p> <p>_____ Holiday Programming</p> | <p>_____ Kesher / YIH Ambassadors</p> <p>_____ Programs/Events</p> <p>_____ Ritual/Ushers</p> <p>_____ Sisterhood</p> <p>_____ Safety & Security-Shmira</p> <p>_____ Youth Committee</p> |
|--|--|

Are there any special needs or accommodations anyone in your family has that you'd like the shul to be aware of?

☐ Would like to be contacted by a liaison from the Inclusion Committee to see if we can assist with any special needs?

Yahrzeit Information

PLEASE LIST BOTH THE HEBREW AND ENGLISH DATES OF DEATH IF KNOWN.
 IF ONLY THE ENGLISH DATE IS KNOWN, BE SURE TO INCLUDE THE YEAR.

NAME (ENGLISH & HEBREW)	DATE (ENGLISH & HEBREW)	RELATIONSHIP to MEMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IF MORE SPACE IS NEEDED, PLEASE USE THE BACK OF THIS SHEET.

*Members in good standing are entitled to reserve High Holiday Seats at a nominal fee. These seats are non-transferable.
 Family Membership: 1 Men's Seat, 1 Women's Seat
 Single Membership: 1 Seat*

SIGNATURE OF APPLICANT _____

DATE _____

For Office Use Only

PAID WITH APPLICATION

DUES 20 / - \$ _____

BUILDING FUND - \$ _____

APPLICATION APPROVED BY: _____ DATE _____
Rabbi

IF REQUESTING DUES REDUCTION, APPROVED BY: _____ DATE _____
Financial Officer