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

#### **MEMBERSHIP APPLICATION**

I hereby apply for membership in the Young Israel of Hollywood-Ft. Lauderdale.

I agree to pay Members other arrangements for							bership \$11	LOO. All
I agree to contribute to							i. (\$250 ann	ually for
Family Membership. \$1	25 for Single	Members).						
<ul> <li>I also agree to pay towa</li> <li>Members) payment to I</li> </ul>	rds the Shul's	s Building Fu within four	nd of \$ vears (48 m	(\$3 onths) of n	6600 for Family	y Membership L member	and \$1800	tor Single
<ul> <li>Signature of Applicant _</li> <li>************************************</li></ul>	•			-				
********	*****	*****	******	******	********	******	*******	****
			FAMILY P	ROFILE				
Name- Member or Husband _			Na	me-Memb	er or Wife			
	(First)	(Last)			(First)	(Last if D	ifferent)	
Member or husband MOBILE PHONE:			Member or Wife MOBILE PHONE:					
Member or Husband EMAIL: _				Member o	or Wife Email:			
HOME ADDRESS:			Ci	ity:		State:	_Zip:	
HOME PHONE:								
NORTHERN ADDRESS & PHON	E (If Applicabl	e):						
provide name of Beit Din that								
WEDDING ANNIVERSARY DAT	е: М	D	Υ					
Primary BIRTH DATE:				Casanda	DIDTU DAT	-		
	M D	Υ		Seconda	ITY DIKTH DAT	 М	D	Υ
BAR MITZVAH SEDRAH			Cohen	Levi	_ Yisrael	(check one)		
OCCUPATION:			occu	PATION: _				
BUSINESS NAME & ADDRESS:			BUSINE	SS NAME 8	& ADDRESS: _			
BUSINESS PHONE:			BUSIN	ESS DHONE				
			503111	-33 1 1101 <b>4</b> L	•			
HEBREW NAME:			HEBREV	V NAME: _				
MOTHER'S HEBREW NAME:	THER'S HEBREW NAME: MOTHER'S HEBREW NAME:							
FATHER'S HEBREW NAME			FATHER'	S HEBREW	NAME:			
Please use English letters f	or Hebrew i	names						

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#### **CHILDREN'S PROFILES**

1. NAME	BIRTHDATE		AGE
SCHOOL NOW ATTENDING		GRADE	
BAR MITZVAH DATE	HEBREW NAME		
COLLEGE OR UNIVERSITY NOW ATTEND	ING (IF APPLICABLE)		
ADDRESS AT SCHOOL			
2. NAME	BIRTHDATE		AGE
SCHOOL NOW ATTENDING		GRADE	
BAR MITZVAH DATE	HEBREW NAME		
COLLEGE OR UNIVERSITY NOW ATTEND	ING (IF APPLICABLE)		
ADDRESS AT SCHOOL			
3. NAME	BIRTHDATE		AGE
SCHOOL NOW ATTENDING		GRADE	
BAR MITZVAH DATE	HEBREW NAME		
COLLEGE OR UNIVERSITY NOW ATTEND	ING (IF APPLICABLE)		
ADDRESS AT SCHOOL			
4. NAME	BIRTHDATE		AGE
SCHOOL NOW ATTENDING		GRADE	
BAR MITZVAH DATE	HEBREW NAME		
COLLEGE OR UNIVERSITY NOW ATTEND	ING (IF APPLICABLE)		
ADDRESS AT SCHOOL			
5. NAME	BIRTHDATE		AGE
SCHOOL NOW ATTENDING		GRADE	
BAR MITZVAH DATE	HEBREW NAME		
COLLEGE OR UNIVERSITY NOW ATTEND	ING (IF APPLICABLE)		<del></del>
ADDRESS AT SCHOOL			

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

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### **COMMITTEE VOLUNTEER PROFILE**

AM INTERESTED IN VOLUNTEERING ON ONE OR MORE OF THE FOLLOWING COMMITTE	
AM INTERESTED IN VOLUNTEERING ON ONE OR MORE OF THE FOLLOWING COMMITTE	
TAIN INTERESTED IN VOLUNTEERING ON ONE OR WORE OF THE FOLLOWING COMMITTE	EC.
	<u>-3</u> .
Adult Education Kesher / YIH Ar	nbassadors
Bikur Cholim Programs/Even	ts
Brotherhood Ritual/Ushers	
Decorum Sisterhood	
Development Committee Safety & Securi	ty-Shmira
Dinner/Journal Youth Committee	ee
Holiday Programming	

needs?

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### **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
		<del></del>
IF M	IORE SPACE IS NEEDED, PLEASE USE THE BA	ACK OF THIS SHEET.
**********	***********	**********
Members in good standing are entitle Family Membership: 1 Men's Seat, 1 Single Membership: 1 Seat	ed to reserve High Holiday Seats at a nomi Women's Seat	nal fee. These seats are non-transferable.
SIGNATURE OF APPLICANT		
SIGNATURE OF AFFEICANT		<del></del>
DATE		
*********		**********
	For Office Use Only	
	PAID WITH APPLICATION	
	DUES 20 / - \$	
	BUILDING FUND - \$	
APPLICATION APPROVED BY:		DATE
	Rabbi	
IF REQUESTING DUES REDUCTION, AF	PPROVED BY:	DATE
	Financial Officer	