

MEMBERSHIP APPLICATION

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

- I agree to pay **Membership Dues** of \$ _____ per year. (1st Year New Member- Family \$600, 2nd Year New Member-Family \$1200, 3rd year full-Family Membership \$1800. Single Membership-1st year New Member \$300, 2nd Year New Member-\$600, 3rd Year Full Single Membership \$900). Our Fiscal Year begins August 1st. We will pro-rate Dues based on date joined-to be discussed with the Executive Director.
- I agree to contribute to the **Security Fee** of \$ _____ of to help defray the costs of the hired officers. (\$200 annually for Family Membership. \$100 for Singles/Snowbirds/Retired Members)
- I also agree to pay towards the Shul's **Building Fund** of \$ _____ (\$3600 for Family Membership and \$1800 for Single Members) payment to be completed within four years (48 months) of my becoming a member
- Signature of Applicant _____

FAMILY PROFILE

Name-Primary Member or Husband _____ Name-Secondary Member or wife _____
 (First) (Last) (First) (Last if Different)

Primary MOBILE PHONE: _____ Secondary MOBILE PHONE _____
 Publish in Membership Directory: (yes / no) Publish in Membership Directory: (yes / no)

Primary EMAIL: _____ Secondary Email _____
 Publish in Membership Directory: (yes / no) Publish in Membership Directory: (yes / no)

HOME ADDRESS _____ City _____ State ____ Zip _____

HOME PHONE _____ HOME FAX _____

NORTHERN ADDRESS & PHONE (If Applicable) _____

Have either you, your parents, or your children undergone conversion to Judaism? Yes / No If yes, please elaborate:

WEDDING ANNIVERSARY DATE _____
 (include year) M D Y

Primary BIRTH DATE _____ Secondary BIRTH DATE _____
 (include year) M D Y (include year) M D Y

BAR MITZVAH SEDRAH _____ Cohen ___ Levi ___ Yisrael ___ (check one)

OCCUPATION _____ OCCUPATION _____

BUSINESS NAME & ADDRESS _____ BUSINESS NAME & ADDRESS _____

BUSINESS PHONE _____ BUSINESS PHONE _____

HEBREW NAME _____ HEBREW NAME _____

FATHER'S HEBREW NAME _____ FATHER'S HEBREW NAME _____

MOTHER'S HEBREW NAME _____ MOTHER'S HEBREW NAME _____

Please use English letters for Hebrew names

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:**

_____ Adult Education

_____ Bikur Cholim

_____ Brotherhood

_____ Decorum

_____ Dinner/Journal

_____ Holiday Programming

_____ Membership Directory Proofreading

_____ Programs/Events

_____ Ritual/Ushers

_____ Sisterhood

_____ Safety & Security-Shmira

_____ Youth Committee

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Members in good standing are entitled to High Holiday Seats. 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