

**MEMBERSHIP APPLICATION**

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

- I agree to pay **Membership Dues** of \$ \_\_\_\_\_ per year. Family Membership \$1800. Single Membership \$900. All other arrangements for dues can be discussed with the Executive Director by calling the office.  
I agree to contribute to the **Security Fee** of \$ \_\_\_\_\_ to help defray the costs of the hired officers. (\$200 annually for Family Membership. \$100 for Single 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 \_\_\_\_\_

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**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 and provide name of Beit Din that oversaw the conversion

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

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

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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.*

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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 \_\_\_\_\_

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**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