

YOUNG ISRAEL OF QUEENS VALLEY

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MEMBERSHIP APPLICATION

DATE OF APPLICATION: .

Name:	Date of Birth:	
Address:		
City:	State:	Zip:
Phone:	E-mail:	
Cell:		

MALE INFO

Hebrew Name: (Ex: Yaakov ben Yitzchok Halevi)	
Mother's Hebrew name:	
<u>YAHRTZEIT</u>	
Father's secular name:	
Father's Hebrew name: (Ex: Yitzchok ben Avrohom Halevi)	
Date of Yahrtzeit:	
Mother's secular name:	
Mother's Hebrew name:	
Date of Yahrtzeit:	

FEMALE INFO

Secular name:	
Hebrew name:	
Mother's Hebrew name:	
<u>YAHRTZEIT</u>	
Father's secular name:	
Father's Hebrew name: (Ex: Yitzchok ben Avrohom Halevi)	
Date of Yahrtzeit:	
Mother's secular name:	
Mother's Hebrew name: (Ex: Sarah bas Yaakov)	
Date of Yahrtzeit:	