

YOUNG ISRAEL OF SAN DIEGO
7291 NAVAJO ROAD, SAN DIEGO, CA 92119
(619) 589-1447
MEMBERSHIP APPLICATION

I hereby apply for membership in the Young Israel of San Diego.
I agree to pay membership dues of

- \$1100 per year – family
- \$360 per year – young family (both spouses age 35 or younger)
- \$550 per year – single
- \$240 per year – young single (age 35 or younger)
- \$450 per year - associate

Signature of Applicant _____

FAMILY PROFILE

HUSBAND WIFE

NAME _____ (First) (Last)

NAME _____ (First) (Last)

HOME ADDRESS _____

City _____ State _____ Zip _____

HOME PHONE _____

WEDDING ANNIVERSARY DATE _____ (include year) M D Y

HOME FAX _____ EMAIL ADDRESS _____

BIRTH DATE _____ BIRTH DATE _____

BAR MITZVAH SEDRAH _____

OCCUPATION _____ OCCUPATION _____

FIRM NAME _____ FIRM NAME _____

BUSINESS ADDR _____ BUSINESS ADDR _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

BUSINESS PHONE _____ BUSINESS PHONE _____

*HEBREW NAME _____ *HEBREW NAME _____

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

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

Cohen ___ Levi ___ Yisrael ___

** 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

INTERESTS PROFILE

PREVIOUS AFFILIATION _____
SYNAGOGUE _____ CITY _____ STATE _____
OFFICES HELD _____ COMMITTEES _____

I AM INTERESTED IN THE FOLLOWING AREAS OF INVOLVEMENT

- _____ Adult Education
- _____ Annual Dinner
- _____ Fund Raising
- _____ Fund Raising Programs/Events
- _____ Holiday Programming
- _____ House (Takes care of the "physical" shul)
- _____ Membership (Welcoming New Members, etc.)
- _____ Office Work
- _____ Publicity
- _____ Ritual
- _____ Sisterhood
- _____ Other

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 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

APPLICATION APPROVED BY: _____ DATE _____

Membership Chairman

_____ DATE _____

President

APPROVED BY BOARD - DATE _____