



Young Israel Beth-El of Borough Park

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Tel: (718) 435 – 9020

Horav Dr. Israel Shorr *גור*
Horav Moshe Snow, Rabbi
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Eli Miller, Shamash

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בס"ד

Membership Application Form

If you are already a member and need to update your information, please call the shul office.

CHECK ONE:

Application for Full Membership. Please complete all sections in this application form and the membership committee will contact you to discuss your needs and interests.

Annual dues in the amount of \$_____ must accompany application for Full Membership. If rejected, it will be returned.

I hereby request membership in your Congregation and, upon admission to membership, I pledge to abide by your Bylaws.

_____ [Sign and Date]

Application for Supporting Membership. Supporter members are gratefully accepted at reduced rate with no membership benefits or voting rights. For shul events with differential admission fees, Supporting Members are entitled to pay the member-only rate. Supporting members need only complete the starred items below.

Annual dues in the amount of \$_____ must accompany application for Supporting Membership.

*CONTACT INFORMATION:

Full Name (English) _____

Preferred mode of address (e.g., Mr., Mrs, Ms., Rabbi, Dr., etc.): _____

Home address: _____

Email address: _____

Telephone (home / mobile / work): _____

Occupation: _____

ADDITIONAL INFORMATION:

Why did you choose to join Young Israel Beth El of Borough Park? _____

Are you a member of, or do you attend, any other shul? If yes, name of other shul:

Reference 1: _____

Reference 2: _____

If female

Hebrew name _____

Maiden name _____

Mother's Hebrew name _____

If male (check one): ___Cohen ___Levi ___Yisroel

Father's Hebrew name _____

Mother's Hebrew name _____

CHILDREN:

Names, English birthdate, Hebrew birthdate, yeshiva attending. Bar mitzvah sedra.

Yahrzeit Information:

Name, relationship, full Hebrew name, Hebrew date of death.

SKILLS:

Please check below the ways you feel you can participate in the shul community:

___ Read Torah

___ Daven

___ Read Maftir

___ Blow shofar

___ Read Megilla

___ Give Shiur (specify language)

Do you or a family member have other skills that will benefit the shul, e.g., plumber, contractor, etc.? Please explain.

Please indicate activities you are interested in:

___ Dvar Torah

___ Events

___ Adult Education

___ Publicity

___ Hospitality

___ Other: _____