

Young Israel of West Hempstead – Membership Application

Family Name: _____ W. Hempstead Address: _____ Home Phone: _____

If not currently a West Hempstead resident, please provide current Address, City, ST, Zip:

Move In Date: ____ / ____ / ____

Membership Type: Full Family Single Family Tribe: Kohen Levi Yisrael

Member Information	Member	Spouse
Name		
Occupation		
Email		
Cell Phone		
Hebrew Name		
Father's Hebrew Name		
Mother's Hebrew Name		

Childrens Names	Hebrew Names	School	Date of Birth
1			
2			
3			
4			
5			

Yahrzeits			
Name of Deceased	English Date	Hebrew Date	Relationship to Member
1			
2			
3			
4			
5			

- Committees of Interest:
- Adult Education
 - Social Action
 - Bikur Cholim
 - Youth
 - Chevra Kadisha

Signature(s): _____ Date: _____

Distribution: Rabbi Shul President Sisterhood President Financial Secretary Gabbi
Chairman-Yahrzeit List Chairman-Membership Committee Executive Director Shul Secretary