

YOUNG ISRAEL OF LAWRENCE-CEDARHURST

Member Profile

Welcome to the Young Israel of Lawrence Cedarhurst!
Please fill out the details for your membership application.

Personal Information

Member Information	Spouse Information (if applicable)
Full English Name:	Full English Name:
Hebrew Name (including father's Hebrew Name)	Hebrew Name: (including father's Hebrew Name)
Birth Date:	Birth Date:
Occupation:	Occupation:
Home Phone:	Home Phone:
Business Phone:	Business Phone:
Cell Phone:	Cell Phone:
e-mail:	e-mail:

Home Address: _____

Family Information

Please list your kids if applicable:

Name	Hebrew Name	Date of Birth



YES/NO Would you mind if this photo is sent out to the Rabbis, Gabbaim and members of our welcome committee to recognize and greet you when you join us for Shabbos?

YES/NO Would you mind if this photo is sent to the shul membership in order to recognize and welcome you when you join us for davening?

Ritual

Which Minyan do you plan on davening in? _____

Is the husband a: Cohen ____ Levi ____ Yisroel ____

Bar Mitzvah Parsha: _____

Please list all Yahrzeits you would like included

English Name of Niftar First & Last	Hebrew Name of Niftar Including father's name	Relationship to Member	English Date	Hebrew Date

Please submit this application to the Young Israel of Lawrence Cedarhurst at
 8 Spruce Street
 Cedarhurst, NY 11516
 becki@yilc.org

