

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)
Name (first, last):	Name (first, last):
Hebrew Name:	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 Phone: _____

Home Address: _____

Family Information

Please list your kids if applicable:

Name	Hebrew Name	Date of Birth

Please attach a family photo

- 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 recognize and welcome you when you join us for davenning? YES/NO

Ritual

Is the husband a:
 Cohen _____ Levi _____ Yisroel _____

Bar Mitzvah Parsha: _____

Please list all Yahrzeits you would like included

Name of Niftar First & Last	Hebrew Name of Niftar Including father's name	Relation	English Date	Hebrew Date

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

