

Young Israel of West Hempstead

630 Hempstead Avenue, West Hempstead, NY 11552 ☆ (516)481-7429

Membership Application

Last Name: _____ Address: _____ Phone: _____

E-Mail Address: home office _____

Date of House Closing/Moving (Month / Day / Year): _____ Kohen Levi Yisroel

<input type="checkbox"/> Full <input type="checkbox"/> Associate	Member	Member Spouse
First Name:		
Occupation:		
Office Phone:		
Hebrew Name:		
Father's Hebrew Name:		
Mother's Hebrew Name:		

Children's Name	Hebrew Name	Age	School
1.			
2.			
3.			
4.			
5.			
6.			

Yahrzeit - English Date	Yahrzeit - Hebrew Date	Name	Relationship to Member
1.			
2.			
3.			
4.			

Committees of Interest:

- | | | |
|--|--|--------------------------|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Shomrim | <input type="checkbox"/> |
| <input type="checkbox"/> Bikur Cholim | <input type="checkbox"/> Social Action | <input type="checkbox"/> |
| <input type="checkbox"/> Chevra Kadisha | <input type="checkbox"/> Youth | <input type="checkbox"/> |

Fill empty spaces with other areas of interest or special abilities you wish to share with our community.

Signature: _____ Date: _____

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