

Young Israel of Fort Lee

MEMBERSHIP APPLICATION

Title: _____ (Rabbi, Dr., Mr., Mrs., Ms., Etc...)

Last Name: _____

Man/Husband's First Name: _____ Birth Date: ___/___/___

Hebrew Name: _____ (include father's and mother's (optional) names)

Kohen Levi Yisroel

Woman/Wife's First Name: _____ Birth Date: ___/___/___

Hebrew Name: _____

Home phone _____ Wedding Anniversary: ___/___/___

(H) Cell phone _____ (H) email _____

(W) Cell phone _____ (W) email _____

Address: _____ Apt # _____

City: _____ State: _____ Zip Code: _____

OCCUPATION INFORMATION

Man/Husband's Occupation: _____

Firm Name _____

Address: _____ City: _____ State: _____ Zip Code _____

Phone 1. () _____ - _____ Ext# _____ 2. () _____ - _____ Ext# _____

Woman/Wife's Occupation: _____

Young Israel of Fort Lee Membership Application

Page 1 of 4 Applicants family name _____ Date _____

Firm Name _____

Address: _____ City: _____ State: _____ Zip Code _____

Phone 1. () _____ - _____ Ext# _____ 2. () _____ - _____ Ext# _____

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CHILDREN'S INFORMATION

Child's Name	M/F	Birth Date	Spouse' Name	Tel. #
1. _____	<input type="checkbox"/> M <input type="checkbox"/> F	___/___/___	_____	_____
2. _____	<input type="checkbox"/> M <input type="checkbox"/> F	___/___/___	_____	_____
3. _____	<input type="checkbox"/> M <input type="checkbox"/> F	___/___/___	_____	_____
4. _____	<input type="checkbox"/> M <input type="checkbox"/> F	___/___/___	_____	_____
5. _____	<input type="checkbox"/> M <input type="checkbox"/> F	___/___/___	_____	_____

IN CASE OF EMERGENCY: Contact _____

At _____

Yahrzeit Information

<u>First Name of Recipient</u>	<u>English Name of Deceased</u>	<u>Hebrew Name of Deceased</u>	<u>*Relation Code</u>	<u>Date of Passing</u> Month / Day / Year
1. _____	_____	_____	_____	____/____/____
2. _____	_____	_____	_____	____/____/____
3. _____	_____	_____	_____	____/____/____
4. _____	_____	_____	_____	____/____/____
5. _____	_____	_____	_____	____/____/____
6. _____	_____	_____	_____	____/____/____
7. _____	_____	_____	_____	____/____/____
8. _____	_____	_____	_____	____/____/____
9. _____	_____	_____	_____	____/____/____
10. _____	_____	_____	_____	____/____/____

***RELATIONSHIP CODE**

- | | | |
|----------------------|--------------------|--------------------|
| 01 = Aunt | 10 = Grandfather | 19 = Sister-in-Law |
| 02 = Brother | 11 = Grandmother | 20 = Son |
| 03 = Brother-in-Law | 12 = Grandson | 21 = Son-in-Law |
| 04 = Cousin | 13 = Husband | 22 = Step-Daughter |
| 05 = Daughter | 14 = Mother | 23 = Step-Father |
| 06 = Daughter-in-Law | 15 = Mother-in-Law | 24 = Step-Mother |
| 07 = Father | 16 = Nephew | 25 = Step-Son |
| 08 = Father-in-Law | 17 = Niece | 26 = Uncle |
| 09 = Granddaughter | 18 = Sister | 27 = Wife |

Is there any area of Synagogue activity in which you would have a particular interest?
(Please check as many as apply)

Adult Education _____ Membership _____ Sisterhood _____

Building _____ Eruv _____ Youth _____

Bulletin _____ Ritual _____ Other _____

High Holiday _____

ALIYOT INFORMATION

FAMILY NAME **ENGLISH NAME** **HEBREW NAME** **DATE**

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____