

**YOUNG ISRAEL OF HOLLYWOOD-FT. LAUDERDALE  
3291 STIRLING ROAD \* FT. LAUDERDALE \* FLORIDA 33312  
(954) 966-7877**

**MEMBERSHIP APPLICATION**

I hereby apply for membership in the Young Israel of Hollywood-Ft. Lauderdale.

I agree to pay membership dues of \$ \_\_\_\_\_ per year.

I also agree to pay towards the Building Fund a minimum of \$ \_\_\_\_\_, payment to be completed within four years (48 months) of my becoming a member

Signature of Applicant \_\_\_\_\_

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**FAMILY PROFILE**

**HUSBAND**

**WIFE**

NAME \_\_\_\_\_ NAME \_\_\_\_\_  
(First) (Last) (First) (Last)

HOME ADDRESS \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WEDDING ANNIVERSARY DATE \_\_\_\_\_  
(include year) M D Y

HOME FAX \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

NORTHERN ADDRESS & PHONE (If Applicable) \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

BAR MITZVAH SEDRAH \_\_\_\_\_

OCCUPATION \_\_\_\_\_ OCCUPATION \_\_\_\_\_

FIRM NAME \_\_\_\_\_ FIRM NAME \_\_\_\_\_

BUSINESS ADDR \_\_\_\_\_ BUSINESS ADDR \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

\*HEBREW NAME \_\_\_\_\_ \*HEBREW NAME \_\_\_\_\_

\*FATHER'S HEBREW NAME \_\_\_\_\_ \*FATHER'S HEBREW NAME \_\_\_\_\_

\*MOTHER'S HEBREW NAME \_\_\_\_\_ \*MOTHER'S HEBREW NAME \_\_\_\_\_

Cohen \_\_\_ Levi \_\_\_ Yisrael \_\_\_

*\* Please use English letters for Hebrew names*

**CHILDREN'S PROFILES**

1. NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_

SCHOOL NOW ATTENDING \_\_\_\_\_ GRADE \_\_\_\_\_

BAR MITZVAH DATE \_\_\_\_\_ HEBREW NAME \_\_\_\_\_

COLLEGE OR UNIVERSITY NOW ATTENDING (IF APPLICABLE) \_\_\_\_\_

ADDRESS AT SCHOOL \_\_\_\_\_

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2. NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_

SCHOOL NOW ATTENDING \_\_\_\_\_ GRADE \_\_\_\_\_

BAR MITZVAH DATE \_\_\_\_\_ HEBREW NAME \_\_\_\_\_

COLLEGE OR UNIVERSITY NOW ATTENDING (IF APPLICABLE) \_\_\_\_\_

ADDRESS AT SCHOOL \_\_\_\_\_

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3. NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_

SCHOOL NOW ATTENDING \_\_\_\_\_ GRADE \_\_\_\_\_

BAR MITZVAH DATE \_\_\_\_\_ HEBREW NAME \_\_\_\_\_

COLLEGE OR UNIVERSITY NOW ATTENDING (IF APPLICABLE) \_\_\_\_\_

ADDRESS AT SCHOOL \_\_\_\_\_

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4. NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_

SCHOOL NOW ATTENDING \_\_\_\_\_ GRADE \_\_\_\_\_

BAR MITZVAH DATE \_\_\_\_\_ HEBREW NAME \_\_\_\_\_

COLLEGE OR UNIVERSITY NOW ATTENDING (IF APPLICABLE) \_\_\_\_\_

ADDRESS AT SCHOOL \_\_\_\_\_

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5. NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_

SCHOOL NOW ATTENDING \_\_\_\_\_ GRADE \_\_\_\_\_

BAR MITZVAH DATE \_\_\_\_\_ HEBREW NAME \_\_\_\_\_

COLLEGE OR UNIVERSITY NOW ATTENDING (IF APPLICABLE) \_\_\_\_\_

ADDRESS AT SCHOOL \_\_\_\_\_

*IF MORE SPACE IS NEEDED, PLEASE USE THE BACK OF THIS SHEET*

## INTERESTS PROFILE

### PREVIOUS AFFILIATION

SYNAGOGUE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

OFFICES HELD \_\_\_\_\_ COMMITTEES \_\_\_\_\_

### I AM INTERESTED IN THE FOLLOWING AREAS OF INVOLVEMENT

- |  |   |
|--|---|
| <p>_____ <b>Adult Education</b></p> <p>_____ <b>Annual Ad Journal</b></p> <p>_____ <b>Annual Dinner</b></p> <p>_____ <b>Bikur Cholim</b></p> <p>_____ <b>Brotherhood</b></p> <p>_____ <b>Decorum</b></p> <p>_____ <b>Expansion</b></p> <p>_____ <b>Fund Raising</b></p> <p>_____ <b>Fund Raising Programs/Events</b></p> <p>_____ <b>Holiday Programming</b></p> <p>_____ <b>House</b><br/>(Takes care of the<br/>"physical" shul)</p> <p>_____ <b>Insurance</b></p> | <p>_____ <b>Legal</b></p> <p>_____ <b>Library</b></p> <p>_____ <b>Membership</b><br/>(Welcoming New Members, etc.)</p> <p>_____ <b>Membership Directory</b><br/>(Annual)</p> <p>_____ <b>Mikvah</b></p> <p>_____ <b>Office Work</b></p> <p>_____ <b>Publicity</b></p> <p>_____ <b>Ritual</b></p> <p>_____ <b>Sisterhood</b></p> <p>_____ <b>Social Action</b></p> <p>_____ <b>Youth</b></p> <p>_____ <b>Other</b></p> |
|--|---|

**Yahrzeit Information**

**PLEASE LIST BOTH THE HEBREW AND ENGLISH DATES OF DEATH IF KNOWN.  
IF ONLY THE ENGLISH DATE IS KNOWN, BE SURE TO INCLUDE THE YEAR.**

<b>NAME (ENGLISH &amp; HEBREW)</b>	<b>DATE (ENGLISH &amp; HEBREW)</b>	<b>RELATIONSHIP to MEMBER</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*IF MORE SPACE IS NEEDED, PLEASE USE THE BACK OF THIS SHEET.*

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*Members in good standing are entitled to High Holiday Seats. These seats are non-transferable.  
Family Membership: 1 Men's Seat, 1 Women's Seat  
Single Membership: 1 Seat*

**SIGNATURE OF APPLICANT** \_\_\_\_\_

**DATE** \_\_\_\_\_

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**For Office Use Only**

**PAID WITH APPLICATION**

**DUES 20 / - \$ \_\_\_\_\_**

**BUILDING FUND - \$ \_\_\_\_\_**

**APPLICATION APPROVED BY:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Membership Chairman**

\_\_\_\_\_ **DATE** \_\_\_\_\_

**President**

**APPROVED BY BOARD - DATE** \_\_\_\_\_