

YOUNG ISRAEL of WAVECREST & BAYSWATER

Membership Form

<u>Membership Type:</u>	<u>The following fees will also apply:</u>
Family \$450*	Building Maintenance fund \$100
Single/Widow(er)/Divorcee \$225*	Welfare Fund (1st year \$8.00) \$4
Associate (non-resident) \$100	Sisterhood Dues \$25
	Youth Dept. Dues (per child) \$36

* plus a \$100 building maintenance fee until \$1500 or 15 years is reached

Your information: Mr. Mrs. Miss Rabbi Dr.
(Circle appropriate title(s))

Spouse: Mr. Mrs. Miss Rabbi Dr.
(Circle appropriate title(s))

English Name _____

English Name _____

D.O.B. _____

D.O.B. _____

Hebrew Name _____

Hebrew Name _____

Father is a: Kohen Levi Yisroel

Father is a: Kohen Levi Yisroel

Email _____

Email _____

Mobile/Pager _____

Mobile/Pager _____

Employer _____

Employer _____

Business Address _____

Business Address _____

Business Phone _____

Business Phone _____

Fax _____

Fax _____

Home Address _____

Wedding Anniversary _____

Home Phone _____ Home Fax _____

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Membership Form

Children

	Name	Hebrew Name	Age	Birthday	School
1					
2					
3					
4					
5					
6					

**2716 Healy Avenue
Bayswater, NY 11691**

**Phone #: 718-327-8606
Fax #: 718-471-1187**

www.yiwb.org

Please list any Yahrzeits

	Name	Hebrew Name	Relationship	Date	Hebrew Date	Memorial Plaque Desired
1						<input type="checkbox"/>
2						<input type="checkbox"/>
3						<input type="checkbox"/>
4						<input type="checkbox"/>
5						<input type="checkbox"/>
6						<input type="checkbox"/>

If checked, we will contact you regarding details.