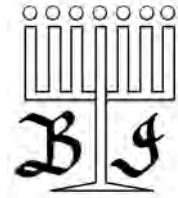


CONGREGATION
Beth Israel



141 HILTON AVENUE HEMPSTEAD, NEW YORK 11550 Tel: 516-489-1818

MEMBERSHIP APPLICATION

	APPLICANT	SPOUSE
First Name (with preferred title) (Mr., Mrs., Ms., Dr., etc.)	_____	_____
Middle Name (if used)	_____	_____
Last Name	_____	_____
Hebrew Name	_____	_____
Father's Hebrew Name	_____	_____
Mother's Hebrew Name	_____	_____
Birthdate	_____	_____
Please indicate: Kohen / Levi / Yisrael / Unsure	K L Y U	K L Y U
Anniversary Date (month/day/year)	_____	_____
Home Address	_____	_____
Home/Mobile Telephone	_____	_____
E-mail Address(es)	_____	_____
Occupation	_____	_____
Business Name	_____	_____
Business Address	_____	_____
Business Telephone	_____	_____

UNMARRIED CHILDREN:

<u>Name</u>	<u>Hebrew Name</u>	<u>Sex</u>	<u>Date of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please record the following Yartzit dates for annual notification:

<u>Name</u>	<u>Relationship</u>	<u>English Date of Death</u>	<u>Time of Death</u>	<u>Hebrew Date (if known)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Please use a separate sheet for additional Yarzeits)