

Young Israel of Brookline Membership Application

62 Green Street, Brookline, MA 02446

Tel. 617-734-0276 Fax 617-734-7195 www.yibrookline.org

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PLEASE PRINT

How long have you been in our community (circle one)? 0-2 yrs 3-5yrs 6-10yrs 11-20yrs 20+yrs

Do you own your current residence? Y / N

You

English Name _____

Hebrew name _____

Mother's Hebrew Name _____

Father's Hebrew Name _____

DOB ____/____/____

Hebrew DOB _____

Cohen / Levi/ Yisrael (circle one)

Street Address: _____

City _____ State ____ Zip _____

Tel # (Home) _____ - _____ - _____

(Cell) _____ - _____ - _____

E-mail address _____

Best method of contact _____

Employer _____

Can we use this information for our employment network? Y / N

College/

Yeshiva attended

Degree

Are you, your spouse, your children or either of your parents converts to Judaism? Y / N

If yes, please fill out the Membership Application Addendum (attached).

Spouse

English Name _____

Hebrew name _____

Mother's Hebrew Name _____

Father's Hebrew Name _____

DOB ____/____/____

Hebrew DOB _____

Cohen / Levi/ Yisrael (circle one)

Street Address: _____

City _____ State ____ Zip _____

Tel # (Home) _____ - _____ - _____

(Cell) _____ - _____ - _____

E-mail address _____

Best method of contact _____

Employer _____

Can we use this information for our employment network? Y / N

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Would you like to meet with Rabbi Gewirtz? If yes, what is the best way for Rabbi Gewirtz to contact you? telephone or email (circle one)

CHILDREN

Name	DOB	Gender	Hebrew DOB	Living at Home?	School
				yes no	
				yes no	
				yes no	
				yes no	
				yes no	

General Info:

What are your areas of interest and expertise, professional and otherwise?

May we contact you about any of the following volunteer opportunities?

Programming Committee

Youth Committee

Chevrat Chesed: (1) Preparing meals (2) *Shidduch* Committee (3) *Dor L’Dor* – helping elders

Mishloach Manot

Is any member of your family capable of reading the *Torah*? Who? _____

Which *Parshiot*? _____

Is any member of your family able to lead the *Davening*? Who? _____

Which *Tefillot*? _____

Parent Contact Information: (for *Aliyot*)

Name

Address

Yahrtzeit Information:

Yahrtzeit date

Relative’s Name

Relationship

****For Office Use ****

When joining, a new member must pay at least 50% of the yearly membership dues

Family: \$1000	Single: \$500	* Student Family: \$500	* Student Single: \$250
NCYI: <u>\$25</u>	<u>\$15</u>	<u>\$15</u>	<u>\$15</u>
Total: \$1025	\$515	\$515	\$265

Total (First year dues include High Holiday seats) \$ _____ *** graduation date** _____

Strictly Confidential: For use of Rabbi only

Membership Application Addendum

Date: _____

Applicant Name: _____

Name of family member converted: _____

Relationship: _____

Name, address and telephone number of the Beit Din.

Applicant Name: _____

Name of family member converted: _____

Relationship: _____

Name, address and telephone number of the Beit Din.
