

Young Israel of Kew Gardens Hills
150-05 70th Road
Flushing, NY 11367
Tel. # (718) 261-9723
Fax # (718) 520-2976

MEMBERSHIP APPLICATION
(Please Print)

Date_____

Name_____Hebrew Name_____

Spouse's Name_____Hebrew Name_____

Address_____Telephone_____

Business Address_____Telephone_____

Occupation_____

Age_____Single or Married_____Number of Children_____

Names of Children and age

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Yahrzeits: Father_____ Date_____

 Mother_____ Date_____

I hereby pledge myself to aid this organization in attaining its aims and state that I am in full sympathy with its views.

Dues\$_____

Signature_____