

Family Name: _____

English First Name of Adult One: _____

Hebrew Name _____ ben/bat _____

Men Only: Are you a Cohen, Levi, Israel ? _____

English First Name of Adult Two: _____

Hebrew Name _____ ben/bat _____

	English name	Hebrew name	Birthdate
Child One			
Child Two			
Child Three			
Child Four			

Others: _____

Street Address: _____

City, State, Zip: _____

Home phone: _____

Adult One: Cell phone: _____ Email address: _____

Adult Two: Cell phone: _____ Email address: _____

Occupation of Adult One: _____

Employer: _____

Occupation of Adult Two: _____

Employer: _____

Previous Synagogue Affiliation: _____

There are many active ways to help in Bar Yoahi. Please indicate how you can apply your skills and energy for the benefit of our community.

Fundraising Membership Chessed

Ritual House Kiddush

Social Other _____

Dues are to be settled by credit card

Credit Card Type (Visa, Master Card.): _____

Credit Card Number: _____

Credit Card Expiration Date: _____ Security Code: _____

Membership & Security dues schedule: your credit card will be charged \$158.00 every month.

_____ (Yes) I am Interested to have designated seat(s) with my name plaque on the chair at a cost of \$30 per seat per month. Of course that seat will be designated for your use only, and the use will include the High Holiday as well with no pre-reservation will be required. Total number of seats_____.

Please Note:

Members are expected to keep current with annual dues. These are customarily handled through a monthly credit-card deduction. Other arrangements may also be made.

All members are expected to act in a manner that is supportive of Bar Yohai and the Bar Yohai Community.

Please accept my application for membership of Congregation Bar Yohai. I understand that my membership will take affect once approved by BYSM Board of Directors and Rabbi.

Signature: _____ Date: _____