



Young Israel of Bal Harbour

9592 Harding Avenue, 2nd floor, (behind Amtrust Bank), Surfside, FL
 Mailing address: P.O. Box 545985, Surfside, FL 33154-5985
 Tel: 305.866.0203 Fax: 305.868.1155 E-mail: yibh@atlanticbb.net
 Website: www.youngisraelbh.org

Membership Application- Please print clearly

We are requesting that you help us keep accurate records of our membership. Kindly fill out this application in FULL and return with your method of payment. Any form not fully completed will be returned to you for full and final completion.

Name _____

Primary address _____

Secondary Address _____

Secondary address active from: _____ to _____

Send letters to Primary/ Secondary Address

Send Bills and Receipts to Primary/Secondary Address

Home phone numbers Local _____ out of town _____

Business phone numbers #1 _____ #2 _____

Cell #1 _____ #2 _____

Fax numbers #1 _____ #2 _____

Email (Mr.): _____

Email (Mrs.): _____

Anniversary Date: _____

Birthday Date (Mr.) _____ Hebrew _____

Birthday Date (Mrs.) _____ Hebrew _____

Children Living at home:

Name: _____ Hebrew _____ Birthday _____

Name: _____ Hebrew _____ Birthday _____

Hebrew name Mr.: _____

Hebrew name Mrs.: _____

Cohen/Levi/Israel

Wife's Father's Name _____ Hebrew _____

Wife's Mother's Name _____ Hebrew _____

Husband's Father's Name _____ Hebrew _____

Husband's Mother's Name _____ Hebrew _____

Yahrtzeit Dates (Mr.) _____

Yahrtzeit Date (Mrs.) _____

- MARRIED, FULL TIME RESIDENT \$900.00
- SINGLE, FULL TIME RESIDENT \$650.00
- MARRIED, PART TIME RESIDENT \$650.00
- SINGLE, PART TIME RESIDENT \$450.00

Membership Date: _____ Credit card info: _____ Exp date: _____