



YOUNG ISRAEL OF SCARSDALE

1313 Weaver Street · Scarsdale, New York 10583
Tel: (914) 636-8686 · Fax: (914) 636-1209
Email: Sharon@YISny.org · Website: www.yisny.org

We are delighted that you would like to join the Young Israel of Scarsdale. It is a warm and wonderful synagogue, and we are confident you will find within it committed Jews, opportunities to affect the lives of K'lal Yisroel and good friends. Please fill out this member information form so that the community may serve you better. Please print legibly. Thank you.

FEMALE

Mrs. / Ms. / Miss / Dr. (circle one)

Last Name _____

First Name _____

Hebrew Name _____

Date of Birth (DD/MM/YY) _____

Maiden Name _____

Parents' Hebrew Names: _____

Blood Type (optional) _____

Marital Status _____

Home Address _____

Home Phone _____

Home Email _____

Home Fax _____

Wedding Anniversary _____

FEMALE

EMPLOYMENT

Occupation _____

Employer/Company Name _____

Business Address _____

Business Phone _____

Business Email _____

Business Fax _____

FEMALE

EDUCATION

High School _____

College _____

Graduate _____

MALE

MALE

Please indicate to which address(es) you would like shul email to be sent by circling the label (i.e. Home, Business)

FEMALE

MALE

PRIOR JEWISH AFFILIATION

Name of Synagogue, City, State

Years of Membership

Officer, Board or Committee Member

Other Jewish Organization Involvement

- | | | | | |
|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Read Hebrew | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Speak Hebrew | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Interested in Women's Tefillah | | |
| | | Interested in Leading Sabbath Services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | Interested in Torah/Haftorah Reading | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

RELATIVES/FRIENDS WHO ARE MEMBERS OF YOUNG ISRAEL OF SCARSDALE (if applicable)

Name

Relationship

YOUR HOUSEHOLD

A. Children Living at Home:

<u>Name</u>	<u>Sex</u>	<u>Date of Birth</u>	<u>Present Grade/School</u>	<u>Hebrew Name</u>	<u>Email Address</u>
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

B. Children Away:

<u>Name</u>	<u>Date of Birth</u>	<u>Address</u>	<u>Hebrew Name</u>	<u>Email Address</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

C. Other Adults at Home:

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>	<u>Hebrew Name</u>	<u>Special Needs</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

D. Other Family Information

YAHRTZEIT INFORMATION

Please list names, relationships, and dates of death for family members.

Observer First Name			
Observer Last Name			
Deceased First Name			
Deceased Last Name			
Hebrew Date of Death (month/day/year)			
English Date of Death (month/day/year)*			
Relationship to Observer			

*Please give time of day. If not sure, indicate if before or after sunset.

GENERAL

Would you be interested in sharing a Shabbat meal with a Synagogue family? _____

Would you be interested in meeting other families with similar aged children? _____

Would you be interested in having a Synagogue mentor assigned to you? _____

Please identify special talents (e.g., musical, artistic) that may benefit the community _____

(Optional)
Please attach a recent photograph
of your family which may be used in
synagogue publications.

SYNAGOGUE VOLUNTEER OPPORTUNITIES

(Please indicate your areas of interest. Refer to enclosure for committee descriptions.)

FEMALE	MALE	FEMALE
<u>Synagogue Committees</u>		<u>Sisterhood Committees</u>
Adult Education		Education (women's issues)
Fundraising/Special Events		Fundraising/Special Events
Holidays		Gemilat Chesed
House/Facilities		Hospitality
Israel Action/Political Action		Kiddush
Learners Minyan		Mikveh
Library		New Members
Publicity		Public Relations
Usher and Greet		Tikkun Olam/Social Action
Youth		

I/We hereby apply for membership in the Young Israel of Scarsdale. I/We agree to pay all annual dues, fees, current building assessment and charges of the Young Israel of Scarsdale.

Signature of Applicant _____ Date _____ Signature of Applicant _____ Date _____

Print Name _____ Print Name _____

FOR CURRENT MEMBERS:

PLEASE INDICATE THE YEAR THAT YOU JOINED THE SYNAGOGUE _____