

Ahavat Yisrael of Wesley Hills Membership Information Form

Family Information

Name: _____

Hebrew Name: _____

Cohen: Levi: Yisrael:

Spouse Name: _____

Hebrew Name: _____

Address: _____

City/State: _____ Zip Code _____

Please check one box on each line

Family Membership: Single Membership:

Full Member: Associate Member:

Current Member: New Member

For Associate Members Only:

I am currently a full member of the following Shul:

Telephone Number 1: _____

Telephone Number 2: _____

Email Address 1: _____

Email Address 2: _____

Yahrzeit(s) (Please use back for any additional)

Name: _____

Relation: _____ Hebrew Date: _____

Name: _____

Relation: _____ Hebrew Date: _____

Name: _____

Relation: _____ Hebrew Date: _____

Name: _____

Relation: _____ Hebrew Date: _____

Children Living at Home (Please use back for additional children)

Name: _____

Male/Female (M/F): ____ Birth Date (mm/dd/yyyy): _____

Hebrew Name: _____

Bar Mitzvah Parsha: _____

Name: _____

Male/Female (M/F): ____ Birth Date (mm/dd/yyyy): _____

Hebrew Name: _____

Bar Mitzvah Parsha: _____

Name: _____

Male/Female (M/F): ____ Birth Date (mm/dd/yyyy): _____

Hebrew Name: _____

Bar Mitzvah Parsha: _____

Name: _____

Male/Female (M/F): ____ Birth Date (mm/dd/yyyy): _____

Hebrew Name: _____

Bar Mitzvah Parsha: _____

Name: _____

Male/Female (M/F): ____ Birth Date (mm/dd/yyyy): _____

Hebrew Name: _____

Bar Mitzvah Parsha: _____

Please mail to:

Ahavat Yisrael of Wesley Hills
126 East Willow Tree Road
Wesley Hills, N.Y. 10977

New Members: Please include a check towards membership dues
For Additional Information Contact the Membership Committee