

# Young Israel of Brookline Membership Application

62 Green Street, Brookline, MA 02446

Tel. 617-734-0276 Fax 617-734-7195 www.yibrookline.org

**\*Subscribe to YIB email announcements : [www.yibrookline.org](http://www.yibrookline.org) – Get our Email – <yi-list>**

PLEASE PRINT

How long have you been in our community (circle one)? 0-2 yrs 3-5yrs 6-10yrs 11-20yrs 20+yrs

Do you own your current residence? Y / N

## You

English Name \_\_\_\_\_

Hebrew name \_\_\_\_\_

Mother's Hebrew Name \_\_\_\_\_

Father's Hebrew Name \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Hebrew DOB \_\_\_\_\_

Cohen / Levi/ Yisrael (circle one)

Street Address: \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Tel # (Home) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(Cell ) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail address \_\_\_\_\_

Best method of contact \_\_\_\_\_

Employer \_\_\_\_\_

Can we use this information for our employment network? Y / N

College/

Yeshiva attended

Degree

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you, your spouse, your children or either of your parents converts to Judaism? Y / N

If Yes, please contact Rabbi Gewirtz for futher review.

Thank you.

## Spouse

English Name \_\_\_\_\_

Hebrew name \_\_\_\_\_

Mother's Hebrew Name \_\_\_\_\_

Father's Hebrew Name \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Hebrew DOB \_\_\_\_\_

Cohen / Levi/ Yisrael (circle one)

Street Address: \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Tel # (Home) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(Cell ) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail address \_\_\_\_\_

Best method of contact \_\_\_\_\_

Employer \_\_\_\_\_

Can we use this information for our employment network? Y / N

College/

Yeshiva attended

Degree

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you like to meet with Rabbi Gewirtz? If yes, what is the best way for Rabbi Gewirtz to contact you? telephone or email (circle one)

OVER →

# CHILDREN

Name	DOB	Gender	Hebrew DOB	Living at Home?		School
				yes	no	

**General Info:**

What are your areas of interest and expertise, professional and otherwise?

---

May we contact you about any of the following volunteer opportunities?

Programming Committee

Youth Committee

*Chevrat Chesed:* (1) Preparing meals (2) *Shidduch* Committee (3) *Dor L’Dor* – helping elders

*Mishloach Manot*

Is any member of your family capable of reading the *Torah*? Who? \_\_\_\_\_

Which *Parshiot*? \_\_\_\_\_

Is any member of your family able to lead the *Davening*? Who? \_\_\_\_\_

Which *Tefillot*? \_\_\_\_\_

**Parent Contact Information:** (for *Aliyot*)

Name

Address

\_\_\_\_\_

\_\_\_\_\_

**Yahrtzeit Information:**

*Yahrtzeit* date

Relative’s Name

Relationship


**\*\*For Office Use \*\***

When joining, a new member must pay at least 50% of the yearly membership dues

<b>Family:</b> \$1100	<b>Single:</b> \$550	<b>* Student Family:</b> \$550	<b>* Student Single:</b> \$275
<b>NCYI:</b> <u>\$25</u>	<u>\$15</u>	<u>\$15</u>	<u>\$15</u>
<b>Total:</b> \$1125	\$565	\$565	\$290

**Total (First year dues include High Holiday seats) \$** \_\_\_\_\_ **\* graduation date** \_\_\_\_\_