

# APPLICATION FOR MEMBERSHIP



106-16 70th Avenue, Forest Hills New York 11375 **718-520-1111**

Choose Your Plan:  Family Plan  Single Plan  Senior Citizen Plan

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

TEL: \_\_\_\_\_ CELL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HEBREW NAME: \_\_\_\_\_ BEN/BAT \_\_\_\_\_ (father) \_\_\_\_\_ (mother)

KOHEN ~ LEVI ~ YISRAEL | PARENT'S COUNTRY OF ORIGIN/NATIONAL BACKGROUND: \_\_\_\_\_

SPOUSES FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

HEBREW NAME: \_\_\_\_\_ BEN/BAT \_\_\_\_\_ (father) \_\_\_\_\_ (mother)

KOHEN ~ LEVI ~ YISRAEL PARENT'S COUNTRY OF ORIGIN/NATIONAL BACKGROUND: \_\_\_\_\_

CHILDREN: FULL NAME / HEBREW	M/F	D-O-B	SCHOOL ATTENDING
1			
2			
3			
4			
5			

HAZKAROT: NAME OF IMMEDIATE FAMILY	DATE OF DEATH	HEBREW DATE OF DEATH
1		
2		
3		
4		
5		

Payment Options  Visa  Master Card  Amex  Cash Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ CVV \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_