

Membership Information Form: Congregation B'nai Yisrael of Armonk

2 Banksville Road, Box 7, Armonk, New York 10504

(Please fill out both pages and sign at the bottom of page two)

1. Name (Title) First, Last _____

2. Name (Title) First, Last _____

Informal Name: _____

Informal Name: _____

_____ Date of Birth (Mo/Day/Yr)

_____ Date of Birth (Mo/Day/Yr)

Anniversary Date (Mo/Day/Yr) _____

Address (Street) _____

(City) _____

(State) (ZIP+4) _____

Home Phone _____

Home Fax _____

Cell Phone/Beeper _____

Cell Phone/Beeper _____

E-mail address _____

CHILDREN

_____ Name (First, Last) _____ Birthdate (Mo/Day/Yr) _____ (Grade) M F

_____ Name (First, Last) _____ Birthdate (Mo/Day/Yr) _____ (Grade) M F

_____ Name (First, Last) _____ Birthdate (Mo/Day/Yr) _____ (Grade) M F

_____ Name (First, Last) _____ Birthdate (Mo/Day/Yr) _____ (Grade) M F

School District _____

Yahrzeit Information

<u>Name of Deceased</u>	<u>Date of Death</u> (Mo/Day/Yr)	<u>Member Name</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BUSINESS

1. _____ Occupation	2. _____ Occupation
_____ Company Name	_____ Company Name
_____ Business Address	_____ Business Address
_____ City, State, Zip	_____ City, State, Zip
_____ (Area) Business Phone	_____ (Area) Business Phone
_____ (Area) Business Fax	_____ (Area) Business Fax

Previous temple affiliations _____

Year moved to community _____

Relatives who are members of the temple: _____

Close friends who are members of the temple: _____

I/ We hereby apply for membership in Congregation B'nai Yisrael, in accordance with the By-laws of the Congregation.

Signature(s) _____

Date _____