

Hebrew Institute of Riverdale - The Bayit

MEMBERSHIP



APPLICATION

Special First Year Rate for New Members:

- Family \$800 (Regular Rate: \$1000)
- Single-Parent Family \$560 (Regular Rate: \$700)
- Single \$400 (Regular Rate: \$500)



Please complete both sides of this application and attach a check payable to HIR.

Mailing Address:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Home Fax #: _____

- Check this box to receive calls about upcoming events and shiva information.

General Information:

Full Name: _____ Hebrew Name: _____

Father's Hebrew Name: _____ Mother's Hebrew Name: _____

Your Bar/Bat Mitzvah Parsha: _____ Date of Birth M/D/Y: _____

Occupation: _____ Work Phone #: _____

E-mail: _____ Cell Phone #: _____

- Check this box to regularly receive e-mail about our upcoming classes, events & shiva details.

Spouse Information

Full Name: _____ Hebrew Name: _____

Father's Hebrew Name: _____ Mother's Hebrew Name: _____

Your Bar/Bat Mitzvah Parsha: _____ Date of Birth M/D/Y: _____

Occupation: _____ Work Phone #: _____

E-mail: _____ Cell Phone #: _____

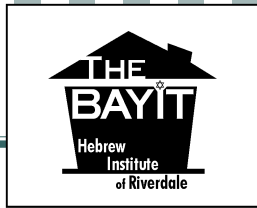
Wedding Anniversary (English Date) M/D/Y: _____

- Check this box to regularly receive e-mail about our upcoming classes, events & shiva details.

Children Information:

English Name	Hebrew Name	Date of Birth M/D/Y	School/Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Office Use Only: Check #: _____ Date: _____ Amount: \$ _____ Account #: _____



Yahrzeits Information:

Your Relatives:

Full English Name: _____	Full Hebrew Name: _____
Full Father's Hebrew Name: _____	Relationship: _____
Hebrew Date of Passing: M/D/Y _____	English Date of Passing: M/D/Y _____
<input type="checkbox"/> Before Sunset	<input type="checkbox"/> After Sunset

Full English Name: _____	Full Hebrew Name: _____
Full Father's Hebrew Name: _____	Relationship: _____
Hebrew Date of Passing: M/D/Y _____	English Date of Passing: M/D/Y _____
<input type="checkbox"/> Before Sunset	<input type="checkbox"/> After Sunset

Spouse's Relatives:

Full English Name: _____	Full Hebrew Name: _____
Full Father's Hebrew Name: _____	Relationship: _____
Hebrew Date of Passing: M/D/Y _____	English Date of Passing: M/D/Y _____
<input type="checkbox"/> Before Sunset	<input type="checkbox"/> After Sunset

Full English Name: _____	Full Hebrew Name: _____
Full Father's Hebrew Name: _____	Relationship: _____
Hebrew Date of Passing: M/D/Y _____	English Date of Passing: M/D/Y _____
<input type="checkbox"/> Before Sunset	<input type="checkbox"/> After Sunset

Check this box if you would like to purchase a memorial plaque in memory of a loved one.

Check the following that you would like to be involved in:

- | | |
|---|--|
| <input type="checkbox"/> Youth Events | <input type="checkbox"/> Meals for New Mothers |
| <input type="checkbox"/> Hebrew School/JYEP | <input type="checkbox"/> Visit the Homebound |
| <input type="checkbox"/> Learning/Beginners Service | <input type="checkbox"/> Visit the Nursing Home/Hospital |
| <input type="checkbox"/> Older Adults Program | <input type="checkbox"/> Amcha/Israel Activism |
| <input type="checkbox"/> Welcoming Committee | <input type="checkbox"/> Chevra Kaddisha (Bereavement) |
| <input type="checkbox"/> Hospitality Committee | <input type="checkbox"/> Shiva Committee |
| <input type="checkbox"/> Young Couples Committee | <input type="checkbox"/> Cemetery Plots |
| <input type="checkbox"/> Women's Tefillah | <input type="checkbox"/> Fundraising |

Please mail with payment to Hebrew Institute of Riverdale, 3700 Henry Hudson Parkway, Bronx, NY 10463
 Phone: 718-796-4730 * Fax: 718-884-3206 * E-mail: hir_nexus@yahoo.com * Website: www.hir.org