The Forest Hills Jewish Center 106-06 Queens Boulevard, Forest Hills, NY 11375 Membership Application

I/We apply for membership in Forest Hills Jewish Center and agree to abide by its By-Laws **PLEASE PRINT IN INK AND FILL IN THIS FORM FOR OUR DATABASE**

Member		Member			
Hebrew Name		Hebrew Name			
Address		Address			
City	Zip	City	Zip		
Home Phone	Bus. Phone	Home Phone	Bus. Phone		
E-mail Address	Bus. Fax	E-mail Address	Bus. Fax		
D.O.B.	Blood Type	D.O.B.	Blood Type		
Occupation		Occupation			
Company		Company			
Address		Address	Address		
Related to other members? Member Household: (Plea number of children only adult children(age has children who will has children who will	es check all that apply) es over 21) be participating in our Religiou become Bar/Bat Mitzvah in the be married in the next mor	e and Relationship s School or Early Childhood Program e next year(s)			
Jewish child is one who is bo movement. If you have quest Rabbi Graber. Non- Jewish p	rn of a Jewish mother or who has ions regarding the religious status	he Toddler Program, and Religious School as undergone a conversion in accordance with the of your child due to adoption or conversion, gue and in our schools. We encourage you to fewish Center.	he standards of the Conservative we request that you discuss it with		
Signature (s) of Member	- (s)	Date			
Membership Chair/Executive Director		Date	Date		

____ I/We request registration information on Religious School. (Kindergarten to High School)

____I/We request registration information on Toddler programs. (Age 22 mos. to 36 mos.)

____ I/We request registration information on Early Childhood programs. (Age 3 to 5 years)

Please complete the following information if you have a child/children in college:

Name	Sex	Date of Birth	Bar/Bat M	itzvah Date
School/College	Grade/Year	E-mail Address		
College Address	City		State	Zip
Name	Sex	Date of Birth	Bar/Bat Mitzvah Date	
School/College	Grade/Year	E-mail Address		
College Address	City		State	Zip
Name	Sex	Date of Birth	Bar/Bat Mitzvah Date	
School/College	Grade/Year	E-mail Address		
College Address	City		State	Zip
Name	Sex Date of Birth Bar/Bat Mitzvah Da		itzvah Date	
School/College	Grade/Year	E-mail Address		
College Address	City		State	Zip

YAHRZEIT INFORMATION

Please list any name and dates	s for which you would like to receive a yearly rem
English Name	
Hebrew Name	
Father's Hebrew Name	
English Date of Passing	Hebrew Date of Passing
English Name	
English Date of Passing	Hebrew Date of Passing
English Name	
Hebrew Name	
Father's Hebrew Name	
English Date of Passing	Hebrew Date of Passing
English Name	
Hebrew Name	
English Date of Passing	Hebrew Date of Passing