



# MEMBERSHIP APPLICATION 2019-2020

PLEASE FILL IN ALL INFORMATION • PLEASE PRINT CLEARLY

FAMILY NAME: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## MEMBER 1 INFORMATION

Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_, NY Zip \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

Cell Phone: ( ) \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Personal Email: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Business Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Email: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

WEDDING ANNIVERSARY DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

## MEMBER 2 INFORMATION

Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_, NY Zip \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

Cell Phone: ( ) \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Personal Email: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Business Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Email: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Rabbi Steven Heneson Moskowitz  
Talya Smilowitz, Cantorial Soloist  
Kim Bertash, Education Director/Office Manager  
Lisa Weiner, President

Congregation L'Dor V'Dor  
11 Temple Lane • Oyster Bay • New York • 11771  
Phone • 516 • 470 • 1700

Email • office@ldorvdor.org  
www.ldorvdor.org

## PLEASE LIST ALL CHILDREN IN THE FAMILY

First Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_ Current Age \_\_\_\_ Gr. \_\_\_\_

First Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_ Current Age \_\_\_\_ Gr. \_\_\_\_

First Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_ Current Age \_\_\_\_ Gr. \_\_\_\_

First Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_ Current Age \_\_\_\_ Gr. \_\_\_\_

First Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_ Current Age \_\_\_\_ Gr. \_\_\_\_

### Yahrzeit Information\*

### Date of Death

Name of Deceased	Related to	Relationship	Month	Day	Year

\*Yahrzeits will be observed according to the Hebrew Calendar, unless otherwise requested.

Please check any areas you would be interested in volunteering:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> RELIGIOUS SCHOOL  | <input type="checkbox"/> CHOIR         | <input type="checkbox"/> MEMBERSHIP       |
| <input type="checkbox"/> SHARING & CARING  | <input type="checkbox"/> SOCIAL ACTION | <input type="checkbox"/> ADULT EDUCATION  |
| <input type="checkbox"/> ONLINE NEWSLETTER | <input type="checkbox"/> FUNDRAISING   | <input type="checkbox"/> PUBLIC RELATIONS |
|  |  | <input type="checkbox"/> ENRICHMENT       |

SUGGESTIONS: \_\_\_\_\_

Please return to the office along with  
 billing information and/or Religious School registration  
 11 Temple Lane  
 Oyster Bay, NY 11771  
 Email • office@ldorvdor.org • www.ldorvdor.org