



MEMBERSHIP APPLICATION 2021-2022

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
Jen Armus, Religious School Principal
Brian Land, 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"/> ADULT EDUCATION | <input type="checkbox"/> COMMUNITY ACTION | <input type="checkbox"/> ENRICHMENT COMMITTEE |
| <input type="checkbox"/> FUNDRAISING | <input type="checkbox"/> MEMBERSHIP | <input type="checkbox"/> RELIGIOUS SCHOOL |
| <input type="checkbox"/> TEMPLE EVENTS | | |

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



MEMBERSHIP BILLING INFORMATION 2021-2022

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FAMILY NAME: _____

Membership Dues & Fees:

Family Membership: \$2,500	Individual: \$1,000	\$ _____
Family Membership Congregation Security Fee		\$ 200
Individual Membership Congregation Security Fee		\$ 50

Building Fund

Family Membership: \$2,500 (\$500 minimum per year over 5 years)	\$ 500
Individual: \$1,500 (\$500 minimum per year over 3 years)	\$ 500

Religious School:

Religious School (includes supplies/activity fees) - PER CHILD

Grade 3 - 5: \$900	Grade 6 - 7: \$950
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Additional Child (10% discount) - PER CHILD

Grade 3 - 5: \$810	Grade 6 - 7: \$855
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K-2nd Grade Program No Charge

Entering Grade: _____ \$ _____

Entering Grade: _____ \$ _____

Entering Grade: _____ \$ _____

Entering Grade: _____ \$ _____

Confirmation Class/Youth Group - Grades 8-12

Grade 8____, 9____, 10____, 11____, 12____ No Charge

Bar/Bat Mitzvah Fee: \$1500 per child* (if applicable) \$ _____

**payable prior to the start of first lesson*

Bar/Bat Mitzvah Service Security Fee: \$200 (if applicable) \$ _____

TOTAL: \$ _____

***3 % Credit Card Processing Fee**

(if applicable): \$ _____

DEPOSIT: \$ _____

BALANCE: \$ _____

Check#: _____

**A 3% processing fee will be added to all credit card payments.*

Credit Card# _____

Exp. Date ____/____ V-Code _____ Zip Code Associated with Card _____

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