

**Young Israel of Elkins Park  
7715 Montgomery Avenue  
Elkins Park, PA 19027-2611  
(215) 635-3152  
Web site: [www.yiep.org](http://www.yiep.org)**

**Young Israel of Elkins Park Membership Application**

Dear Prospective Member:

We would like to welcome you to Young Israel of Elkins Park.

Please provide the information requested below. You may answer in Hebrew, English, transliteration, or any combination thereof.

**First Adult:**

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_

Hebrew name (use Hebrew or English characters) \_\_\_\_\_

Mother's Hebrew Name: \_\_\_\_\_

Father's Hebrew Name: \_\_\_\_\_

\_\_ Kohen      \_\_ Levi      \_\_ Yisrael



Describe any special skills you would like to offer the congregation:

By signing this Application, the applicant(s) acknowledge(s) receipt of a copy of the Constitution and By-laws in effect as of the date of the Application. A copy of the Constitution can be obtained by visiting <http://www.yiep.org/constitution.pdf>. The applicant(s) agree(s) to abide by the governing rules of the Congregation as set forth in the Constitution and by-laws.

Signed:

Applicant Name:

Date;

Applicant Name:

Date:

*Please return your completed application to [membership@yiep.org](mailto:membership@yiep.org) or to the address at the beginning of this form.*