



YOUNG ISRAEL
N^o BEVERLY HILLS

בס"ד

MEMBERSHIP AND HIGH HOLIDAY SEAT REQUEST FORM 5770

Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Office Phone _____ E-mail _____

Please check one of the following membership categories:

- Benefactor \$10,000 (includes immediate family's seats)
- Founder \$6,000 (includes two seats)
- Family \$1,900 (includes two seats)
- Single \$950 (includes one seat)

Membership \$ _____

Additional Seats

_____ Adults x \$350 \$ _____

_____ Children (up to 21 years of age) x \$100 \$ _____

Please add the following community fees:

City-wide Eruv Tax \$54.00

National Council of Young Israel and OU Dues \$35.00

Total Enclosed \$ _____

Please issue checks to YINBH.

Mail check and form to the address reflected below. Please reserve the following seats:

	Men	Women
Rosh HaShana Day 1		
Rosh HaShana Day 2		
Yom Kippur		

Special Requests: _____



Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Home Fax _____

Husband Name _____ Wife Name _____

Hebrew Name _____ Hebrew Name _____

Office Phone _____ Office Phone _____

Mobile Phone _____ Mobile Phone _____

E-mail _____ E-mail _____

Birthday _____ Birthday _____

Cohen Levi Israelite Wedding
Anniversary _____

Children

Name _____ M___ F___ Name _____ M___ F___

Hebrew Name _____ Hebrew Name _____

Birthday _____ Birthday _____

Hebrew Birthday _____ Hebrew Birthday _____

School _____ School _____

Entering Grade _____ Entering Grade _____

Name _____ M___ F___ Name _____ M___ F___

Hebrew Name _____ Hebrew Name _____

Birthday _____ Birthday _____

Hebrew Birthday _____ Hebrew Birthday _____

School _____ School _____

Entering Grade _____ Entering Grade _____

Yahrzeit

Relation: _____ Hebrew Date: _____ Hebrew Name: _____

Relation: _____ Hebrew Date: _____ Hebrew Name: _____

Relation: _____ Hebrew Date: _____ Hebrew Name: _____

Relation: _____ Hebrew Date: _____ Hebrew Name: _____