



YOUNG ISRAEL OF RICHMOND, BRITISH COLUMBIA

#100 7020 Francis Rd, Richmond, V6Y-1A2, 604-241-1375, info@yirbc.org, http://www.yirbc.org

MEMBERSHIP APPLICATION FORM

Please transliterate all hebrew names.

Applicant's Full Name: _____

Hebrew Name: _____

Tribe: Cohen [], Levi [], Israelite []

Address: _____

City, Prov, Zip: _____

Tel: _____

Fax: _____

Email: _____

Birthday: _____

Marital Status: Single [], Married [], Divorced [], Widowed []

Spouse's Full name: _____

Spouse's Hebrew Name: _____

Spouse's Birthday: _____

Wedding Anniversary: _____

Place of Marriage: _____

C H I L D R E N Page 2 of 4

For more children duplicate and append as required

1. Full Name: _____
Hebrew Name: _____
Date of Birth: _____

2. Full Name: _____
Hebrew Name: _____
Date of Birth: _____

3. Full Name: _____
Hebrew Name: _____
Date of Birth: _____

4. Full Name: _____
Hebrew Name: _____
Date of Birth: _____

5. Full Name: _____
Hebrew Name: _____
Date of Birth: _____

6. Full Name: _____
Hebrew Name: _____
Date of Birth: _____

1. Full Name: _____
Hebrew Name: _____
English Date of Death: _____
Hebrew Date of Death: _____
Relationship: _____

2. Full Name: _____
Hebrew Name: _____
English Date of Death: _____
Hebrew Date of Death: _____
Relationship: _____

3. Full Name: _____
Hebrew Name: _____
English Date of Death: _____
Hebrew Date of Death: _____
Relationship: _____

4. Full Name: _____
Hebrew Name: _____
English Date of Death: _____
Hebrew Date of Death: _____
Relationship: _____

I have read, understood and agree to abide by the Constitution and By-laws of the Young Israel of Richmond Congregation.

Signed: _____, Date: _____

Constitution and By-Laws of Young Israel of Richmond can be found at:

<http://www.yirbc.org/docs/constitution.pdf> and

<http://www.yirbc.org/docs/bylaws.pdf>.