

## 5770 Yavneh Minyan of Flatbush Membership Application Rosh Hashanah/Yom Kippur Seating Request

*Please complete both pages of this application and return it, with your payment, to the Minyan mailing address (1412 Avenue M, PMB 2322, Brooklyn, NY 11230), or to a Seating Committee Member in Shul during Ticket Sales.*

Membership type (circle one):            Family        Single

English Name (last, first): \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

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

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

Spouse's English Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Spouse's Birthdate: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email Address(es)\*: \_\_\_\_\_

**\*The Minyan distributes newsletters and information via an email list.** Please indicate if you would prefer that your email address(es) NOT be added to this list. \_\_\_\_\_

**If you do not want** your address, phone, and/or email published on the Minyan membership list, please note your preference here: \_\_\_\_\_

Check if you are a  Cohen  Levi  Yisrael

Bar Mitzvah Anniversary/Parsha: \_\_\_\_\_ Wedding Anniversary: \_\_\_\_\_

Children's names and birthdates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yahrzeits:        Hebrew date: \_\_\_\_\_ Name/Relationship: \_\_\_\_\_

Hebrew date: \_\_\_\_\_ Name/Relationship: \_\_\_\_\_

**Optional Questionnaire:** We would like your input on Minyan davening and activities.

1. What would you like to see more of at the Yavneh Minyan?
2. How would you like to contribute more to the Minyan? Please let us know if you can volunteer to help with events or activities, or if you have special skills that you can contribute.
3. Please let us know if you are interested in being contacted about helping with any of the following:  
 making phone calls about Minyan events                       delivering or providing food for Shiva homes  
 hosting people for Shabbat or Yom Tov meals                       other (specify) \_\_\_\_\_
4. Are there Shiur topics you would be interested participating in?
5. Any other comments?

