

Jewish Centre of Bay Shore

26 North Clinton Avenue, Bay Shore, NY 11706
(631) 665-1140 Fax: (631) 665-1561 E-Mail. JCBS36@VERIZON.NET
WWW.BAYSHOREJEWISHCENTER.COM

Membership Application

Last Name _____ First Name _____

Date of Birth _____ Marital Status _____

Address _____

City, State & Zip _____

Home Phone _____ E-Mail _____

Business Name _____

Address _____ Business Phone _____

Childrens Names & Birth Days (1) _____
(2) _____
(3) _____
(4) _____

Please list any Yahrzeits anniversary of any deceased you want listed.

Name _____	Date of Death _____
Name _____	Date of Death _____
Name _____	Date of Death _____

I/We apply for membership in the Jewish Centre of Bay Shore and agree to the rules of the Board of Trustees and payments of annual dues.

Date _____ Signature _____

Annual Dues _____ Hebrew School _____

Check _____ Credit Card Type _____

Credit Card Number _____ Exp. Date _____

Annual Dues Family	\$ 960.	Sept 1 st to August 31 st	Pro-rated to month of joining
Single	\$ 480.	“ “	“