

Young Israel Benevolent Association

384 Dwasline Road, Clifton NJ 07012

Phone: 917-855-5237

IN YOUR TIME OF NEED: 24-HOUR TOLL-FREE NUMBER: 1-888-YI-BENEV (1-888-942-3638)



Young Israel Benevolent Association

TIER II

Application for Membership 2024

I /We hereby apply for membership in the Young Israel Benevolent Association. For that purpose, I/we make the following true statements about myself/ourselves and our family.

Man’s English name: _____ Hebrew name _____

Kohein Levi Yisroel

Date of Birth: _____

Single Married Divorced Widower Re-Married

Woman’s English name: _____ Hebrew name _____

Date of Birth _____

Single Married Divorced Widow Re-Married

Primary home address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell: _____ E-mail: _____

List all children and their ages. When children reach age 20, they will no longer be covered under your membership but will have to apply on their own.

Name: _____ DOB _____

Name: _____ DOB _____

Name: _____ DOB _____

Name: _____ DOB _____

Emergency Contact:

Name: _____ Relationship: _____

Address: _____

City _____ State _____ Zip _____

Phone Home: _____ Cell: _____ E-mail: _____

We are members in good standing of the Young Israel of _____

Attach a doctor's note for everyone applying (spouses submit one application, but two separate doctor's notes), stating they are in good health and do not suffer from any ailment or abnormality. Each note must verify they have visited the doctor within the last three months.

I/we declare that all statements are true. I/we understand that this application does not give me/us any rights of membership until it has been accepted by the directors of the Benevolent Association and the initiation fee has been **paid in full.** Upon such acceptance and payment, I/we understand that: **(a) I /we will be bound by the constitution and By-Laws of the Benevolent Association now in force and/or hereafter adopted and amended; (b) in case death occurs within 12 months from the date of admission (not date of this application) the Association will not provide any benefits; (c) in case of death occurring within 18 months from the date of admission (not date of this application) the Association will provide a grave only and nothing more; (d) to continue membership in the Association, we must remain a paid up member of a Young Israel synagogue affiliated with the National Council of Young Israel and with the Young Israel Benevolent Association; (e) membership will be automatically terminated and will not be given any benefits if we fail to pay yearly membership dues (\$85) or fail to adhere to the above rules.**

Date: _____

Signature (Man) _____

Signature (Woman) _____

Synagogue must fill this in:

I hereby certify that the named applicant(s) is/are paid up members of the Young Israel of _____ dues paid until _____

Signature of Synagogue Officer: _____

A \$100 non-refundable application fee must accompany this application. This fee will not be refunded under any circumstances unless the application is rejected by the Benevolent Association.

Each applicant must present documentation (such as birth certificate, citizen papers) for proof of age.

An initiation schedule is enclosed.

All questions are required to be answered

For office use only

Received on _____

Application Fee _____

Medical _____

Documentation _____