

Membership Form 2023-2024 **Date** _____

Last Name(1) _____ First Name _____ Birthday _____

Last Name(2) _____ First Name _____ Birthday _____

Occupation(s) _____ Anniversary _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone(1) _____ Work Phone(1) _____

Cell Phone(2) _____ Work Phone(2) _____

Email Addr(1) _____ Email Addr(2) _____

How did you hear about us? CIRCLE 1: Family/Friend/Rabbi/Website/Advertising/Flyer/Postcard/ _____
 To OPT OUT of Congregation Email communications, please check box to left.
 To OPT OUT of inclusion on L'Dor Va-Dor Directory for Members only, please check box to left.

Yahrzeits (please provide *English* Month and Day; you will receive notification for each):

Name _____ Relationship _____ Date of Death _____

Name _____ Relationship _____ Date of Death _____

Name _____ Relationship _____ Date of Death _____

Name _____ Relationship _____ Date of Death _____

Name _____ Relationship _____ Date of Death _____

Children (List ONLY for Family Memberships):

Name _____ Birthday _____

Name _____ Birthday _____

Name _____ Birthday _____

Name _____ Birthday _____

Interest for Volunteering/Committees to join: Membership Sunshine Fundraising
 Ritual Program Planning Religious Education High Holy Days Financial
 Oneg Sisterhood Men's Club Gift Shop Social Action Communication
 Social Media Marketing Grant Writing Bylaws Other Education
 Other _____

Congregation L'Dor Va-Dor

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