

B'NAI ABRAHAM AND YEHUDA LAIB FAMILY SOCIETY

MEMBERSHIP FORM

New Member Returning Member

Individual - \$25 Family - \$45

NAME (English): _____

(Please include maiden name if applicable)

(Hebrew): _____

PLEASE

PRINT

SPOUSE'S NAME (IF APPLICABLE) _____

(Hebrew) _____

STREET ADDRESS: _____

CITY, STATE, ZIP / POSTAL CODE _____

TELEPHONE : _____

E-MAIL ADDRESS _____

DATE OF BIRTH (You) _____

(Spouse) _____

YOUR PLACE OF BIRTH _____

CHILDREN:

NAME (English)

Hebrew

Date of Birth

NAME (English)	Hebrew	Date of Birth

Please use the reverse side of this form to provide us with information about your family tree/branch. Since the information will be used to update the official Family Society tree, where appropriate, please include maiden name, Hebrew name, dates of birth and/or death as well as any other information you deem appropriate.

Please make checks payable to "BAYL Family Society" and mail to: BARRY YATOVITZ, Financial Secretary, 7 Indian Pony Court, Owings Mills, MD 21117 (USA).