

MASTIC BEACH HEBREW CENTER, INC.
Congregation B'nai Shalom
P.O. Box 287
Mastic Beach, N.Y. 11951
(631) 281-8282
Fax: (631) 281-8270

www.mbhebrew.org
mbhebrew@optonline.net

Rabbi Kathleen Novick
Dr. Harris Cohen, Cantor

MEMBERSHIP APPLICATION

Date		Email	
Last Name		First Name	
Address			
City, State	Zip	Home Phone	
Husband D.O.B.		Wife D.O.B.	
Anniversary Date:			
Business Address			
City, State	Zip	Business Phone	

Children	Date of Birth	School Grade

Dues \$ _____ /year		Building Fund \$ _____ /year (for three years)	
Tuition:			
First Child \$ _____	Second Child \$ _____	Third Child \$ _____	

*Payable upon receipt of monthly statement.
Bingo Obligation: I will work bingo the _____ Sunday of each month.*

Signed _____ **Date** _____