

United Synagogue Youth Membership Application

Atz Chaim USY Annual Dues* (Checks payable to Atz Chaim USY)**

\$25.00 for Kadima ** Grades 6-8

\$10.00 for Machar ** Grades 4-5

Name: _____ **Sex:** M F

Hebrew Name: _____ **bat/ben** _____

Address: _____

City, State, Zip: _____

Homephone: _____ **Cellphone:** _____

E-Mail: _____ **birthday:** _____

Temple Affiliation: _____ **Graduation Year** _____

School: _____ **Grade:** _____

MEDICAL INFORMATION & EMERGENCY CONTACTS (list allergies & conditions requiring medication or restriction of activity.)

Name: _____ relationship: _____

Homephone: _____ Cellphone: _____

Name: _____ relationship: _____

Homephone: _____ Cellphone: _____

Parent's Name (please print) _____

Parent's signature: _____ Date: _____

Parent's Email: _____

****PLEASE PRINT YOU EMAIL****

ATTENTION* Beth Gross – 1113 Bonfield Ct. - Va Beach, VA 23454**

721-7566

geoff-bransmom@cox.net