



# Congregation L'Dor V'Dor

Oakland Little Neck Jewish Center

49-10 Little Neck Parkway Little Neck, NY 11362

Phone: (718) 224-0404 Fax: (718) 225-5768

[www.olinjc.org](http://www.olinjc.org)

**Rabbi**  
Gordon Yaffe

**Cantor**  
Joshua J. Shron

**Co-Presidents**  
Mitchell Stein  
Marjorie Goldstein

**Rabbi Emeritus**  
Irwin Isaacson, Z"L

**Rabbi Emeritus**  
Abraham B. Eckstein

**Cantor Emeritus**  
Alfred B. Burger, Z"L

**Cantor Emeritus**  
Julian Raber

**Email**  
[office@linjc.org](mailto:office@linjc.org)

*Shalom!*

*Welcome to Congregation L'Dor V'Dor – Oakland Little Neck Jewish Center.*

*We are delighted by your interest in our synagogue. With our Adult Education opportunities, Religious Services, and Cultural and Social Events our congregation offers something for everyone. Please join us for Shabbat services, our Sunday Minyan & Breakfast or any of our other programs that may be of interest. If you would like to meet Rabbi Yaffe, please call the synagogue office and we will be happy to set up an appointment.*

*Within a warm and welcoming environment the members of our congregation experience the beauty and the depth of our Jewish Heritage. We share in each other's simchas and support each other in times of need. To be a member of our congregation is to have an extended family and a home away from home.*

*Enclosed is our current edition of Temple Talk, our monthly newsletter. Please take some time to look over these materials and do not hesitate to call us with any questions you may have.*

*On behalf of the Board of Trustees and our entire membership, it is our genuine pleasure to welcome you to our Temple family. Our clergy, staff and lay leaders are available to assist you.*

*We look forward to getting to know you and hope that you will choose to join our synagogue and become part of our synagogue family.*

*L'shalom,*

*Karen Popowsky  
Elaine Fleischman  
Membership Co-Vice President*



WELCOME TO  
CONGREGATION L'DOR V'DOR  
OAKLAND LITTLE NECK JEWISH CENTER

WE HOPE THAT YOU WILL CONSIDER BECOMING PART  
OF THE CONGREGATION L'DOR V'DOR FAMILY WITH  
OUR SPECIAL OFFER:

**HALF PRICE MEMBERSHIP FOR THE FIRST YEAR**

**We know that you will want to share the  
following special programs with us:**

Weekly Sunday morning minyan and breakfast  
Friday evening nosh and schmooze  
Family and adult education programs  
Special holiday events and many more

Please call the synagogue office for further information at 718-224-0404.



# CONGREGATION L'DOR V'DOR

OAKLAND LITTLE NECK JEWISH CENTER

## ANNUAL DUES

<b>Family Membership</b>	<b>\$1500</b>
<b>(Half price the first membership year)</b>	
<b>Single Membership</b>	<b>\$ 750</b>
<b>(Half price the first membership year)</b>	
<b>Building Fund Pledge</b>	<b>\$ 250</b>
<b>(Payable for 3 years for a total of \$750)</b>	

**High Holiday Tickets are included for immediate family  
(children up to 22 years of age) with membership.**

**The first year Membership Dues are payable at half price**

**Please send payment with application.**



**Congregation L'Dor V'Dor, Oakland Little Neck Jewish Center**  
49-10 Little Neck Pkwy, Little Neck, NY (718) 224-0404

APPLICATION FOR FAMILY MEMBERSHIP

**NAME:** Family Last Name \_\_\_\_\_ Kohen \_\_\_\_\_

Levi \_\_\_\_\_

Member 1 \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Yisrael \_\_\_\_\_

Include father/mother's name

Member 2 \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Include father/mother's name

**HOME ADDRESS:** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**DATE OF BIRTH:** Member 1 \_\_\_\_/\_\_\_\_/\_\_\_\_ Member 2 \_\_\_\_/\_\_\_\_/\_\_\_\_ **ANNIVERSARY:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**OCCUPATION:** Member 1 \_\_\_\_\_ Member 2 \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**BUSINESS PHONE:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**FAX PHONE:** (home or work) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**E-MAIL ADDRESS:** (home or work) \_\_\_\_\_

**SPECIAL INTERESTS:** (Please circle) Religious School, Social Action, Adult Education, Religious Services, Sisterhood, Men's Club, Youth Activities, Other: \_\_\_\_\_

<b>CHILDREN:</b>	<u>NAME</u>	<u>HEBREW NAME</u>	<u>DATE OF BIRTH</u>	<u>BAR/T MITZ DATE</u>
_____	_____	_____	M/F ____/____/____	____/____/____
_____	_____	_____	M/F ____/____/____	____/____/____
_____	_____	_____	M/F ____/____/____	____/____/____

If more lines are needed, please use the back of this form. Thank you.

Do you have any children attending religious school other than Congregation L'Dor V'Dor? If so, where: \_\_\_\_\_

**MEMORIAL (YAHREZEIT):**

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>TO</u>	<u>HEBREW OR CIVIL DATE/TIME OF DEATH</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If more lines are needed, please use the back of this form. Thank you.

**PREVIOUS SYNAGOGUE MEMBERSHIP:** (if any) \_\_\_\_\_

We hereby apply for membership in Congregation L'Dor V'Dor, Oakland Little Neck Jewish Center, and if accepted, agree to abide by its Constitution and by-laws. We understand that Synagogue membership can be extended only to people who are Jewish. If any of your immediate family members are not Jewish, please contact the Rabbi. We agree to pay all dues and other charges that may apply.

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

Member 1

Member 2