



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.olnjc.org

Rabbi
Gordon Yaffe

Cantor
Joshua J. Shron

Co-President
Mitchell Stein
Steve Aronowitz

Rabbi Emeritus
Irwin Isaacson, Z"L

Rabbi Emeritus
Abraham B. Eckstein

Cantor Emeritus
Alfred B. Burger, Z"L

Cantor Emeritus
Julian Raber, Z"L

Email
office@lnjc.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 Religious Services, Adult Education opportunities, Cultural, and Social Events, our congregation offers something for everyone. At this time, all of our services and programs are conducted in our Zoom Room that can be accessed by clicking [here](#). Please join us. 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.

[Here](#) is a link to Temple Talk, our monthly newsletter. I would also like to invite you to look at our What's Happening page of our website by [clicking here](#). 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
Membership Vice President*

CONGREGATION L'DOR V'DOR

OAKLAND LITTLE NECK JEWISH CENTER

ANNUAL DUES

Family Membership (Half price the first membership year)	\$1500
Single Membership (Half price the first membership year)	\$ 750
Building Fund Pledge (Payable for 3 years for a total of \$750)	\$ 250
Security Surcharge	\$50 per person

- **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 _____

Member 1 _____ Hebrew Name _____ Kohen _____
Include father/mother's name Levi _____
 Yisrael _____

Member 2 _____ Hebrew Name _____ Kohen _____
Include father/mother's name Levi _____
 Yisrael _____

HOME ADDRESS: _____

City _____ State _____ Zip _____

PHONE NUMBER: (____) _____-____ **CELL PHONE/BEEPER:** (____) _____-

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: _____

CHILDREN:	<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 Little Neck Jewish Center? If so, where: _____

MEMORIAL (Yahrzeit):

<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 _____