

# Jericho Jewish Center

430 N. Broadway, Jericho, NY 11753

## Membership Application

Date: \_\_\_\_\_

Member # \_\_\_\_\_  
Membership Code \_\_\_\_\_

\_\_\_ Dues \_\_\_\_\_  
\_\_\_ Tuition \_\_\_\_\_  
\_\_\_ Additional Contribution \_\_\_\_\_  
\_\_\_ Due Now \_\_\_\_\_

### Signature of Applicant

▶ \_\_\_\_\_

\*\*\*\*\*

### Congregant 1

Full Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Marital Status \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Were you a Bar Mitzvah? \_\_\_ Date \_\_\_\_\_  
Are you a veteran? \_\_\_\_\_  
Are you a Kohen or Levi? \_\_\_\_\_  
Hebrew Name \_\_\_\_\_  
Do you read Hebrew? \_\_\_\_\_  
Can you speak Hebrew? \_\_\_\_\_  
Were you converted? \_\_\_ Temple \_\_\_\_\_  
Date \_\_\_\_\_

### Congregant 2

Full Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Marital Status \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Were you a Bar Mitzvah? \_\_\_ Date \_\_\_\_\_  
Are you a veteran? \_\_\_\_\_  
Are you a Kohen or Levi? \_\_\_\_\_  
Hebrew Name \_\_\_\_\_  
Do you read Hebrew? \_\_\_\_\_  
Can you speak Hebrew? \_\_\_\_\_  
Were you converted? \_\_\_ Temple \_\_\_\_\_  
Date \_\_\_\_\_

### Occupation

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Tel: \_\_\_\_\_ Email \_\_\_\_\_  
Type of Business \_\_\_\_\_

### Occupation

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Tel: \_\_\_\_\_ Email \_\_\_\_\_  
Type of Business \_\_\_\_\_

### Combined Information

Date of Marriage \_\_\_\_\_  
Do you have a child currently attending our school? \_\_\_\_\_  
Previous Congregation Affiliation \_\_\_\_\_  
Would you be interested in learning more about our committees and arms of the temple? \_\_\_\_\_

### Emergency Contact Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Email \_\_\_\_\_

**FAMILY INFORMATION**

**Child 1**

Name \_\_\_\_\_  
Address (if different from parents) \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Hebrew Name \_\_\_\_\_  
Bar Mitzvah Date \_\_\_\_\_  
Current School Grade \_\_\_\_\_  
If married:  
Spouse's Name \_\_\_\_\_  
Spouse's Maiden Name \_\_\_\_\_

**Child 2**

Name \_\_\_\_\_  
Address (if different from parents) \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Hebrew Name \_\_\_\_\_  
Bar Mitzvah Date \_\_\_\_\_  
Current School Grade \_\_\_\_\_  
If married:  
Spouse's Name \_\_\_\_\_  
Spouse's Maiden Name \_\_\_\_\_

**Child 3**

Name \_\_\_\_\_  
Address (if different from parents) \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Hebrew Name \_\_\_\_\_  
Bar Mitzvah Date \_\_\_\_\_  
Current School Grade \_\_\_\_\_  
If married:  
Spouse's Name \_\_\_\_\_  
Spouse's Maiden Name \_\_\_\_\_

**Child 4**

Name \_\_\_\_\_  
Address (if different from parents) \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Hebrew Name \_\_\_\_\_  
Bar Mitzvah Date \_\_\_\_\_  
Current School Grade \_\_\_\_\_  
If married:  
Spouse's Name \_\_\_\_\_  
Spouse's Maiden Name \_\_\_\_\_

**YARZEIT INFORMATION**

**Yahrzeit 1**

Person Observing Yahrzeit \_\_\_\_\_  
Name of deceased \_\_\_\_\_  
Relationship \_\_\_\_\_  
English Date of Passing \_\_\_\_\_  
Hebrew Date of Passing \_\_\_\_\_  
Time of Passing \_\_\_\_\_  
Memorial Plaque at Jericho Jewish Center \_\_\_\_\_  
Location: Bet Midrash \_\_\_\_\_ Sanctuary \_\_\_\_\_

**Yahrzeit 2**

Person Observing Yahrzeit \_\_\_\_\_  
Name of deceased \_\_\_\_\_  
Relationship \_\_\_\_\_  
English Date of Passing \_\_\_\_\_  
Hebrew Date of Passing \_\_\_\_\_  
Time of Passing \_\_\_\_\_  
Memorial Plaque at Jericho Jewish Center \_\_\_\_\_  
Location: Bet Midrash \_\_\_\_\_ Sanctuary \_\_\_\_\_

(Please add additional information to a blank piece of paper and attach to this form)

**For office use only**

Membership Committee Sponsor \_\_\_\_\_ Interview Date: \_\_\_\_\_

Board of Trustee Approval \_\_\_\_\_