CONGREGATION B'NAI JACOB

75 RIMMON ROAD, WOODBRIDGE, CT 06525
Phone: 203-389-2111
Web address: www.BnaiJacob.org

MEMBERSHIP APPLICATION

Date of Application_____

Member 1

Check one: Mr.__ Mrs.__ Ms.__ Miss___Dr.___

Last Name:_____

First Name:_____

Home Phone:_____

Cell Phone:_____

Email address:_____

Birthdate:_____/_____/_____

Member 2

Check one: Mr.__ Mrs.__ Ms.__ Miss__ Dr.___

Last Name:_____

First Name:_____

Home Phone:_____

Cell Phone:_____

Email address:_____

Birthdate:_____/_____/_____

If Married, Wedding Date: _____/_____/_____

Home Address: _____

City:_____ State:_____ Zip Code:_____

Children (Under the age of 18):

Last name	First Name	M/F	Birth Date	Grade

Do you have an interest in our Religious School? Yes / No

Please provide the following information about loved ones whose yahrzeits you observe:

Name of Deceased	Relationship (and to whom)	Date of Death English Date (After sunset – yes or no)

Are you Jewish? Member 1 _____ Member 2 _____

Are you Kohen, Levite, or Israelite? _____ _____

Your Hebrew Name in English _____ _____

Your Hebrew Name in Hebrew _____ _____

Son/daughter of: Father _____ _____

Son/daughter of: Mother _____ _____

Are you interested in participating in:

	Member 1	Member 2
Torah Reading	_____	_____
Leading a Service	_____	_____
Ritual	_____	_____
Social Action	_____	_____
Musical Theater	_____	_____
Adult Education	_____	_____
Fund Raising	_____	_____
Hesed (Kindness committee)	_____	_____
Membership	_____	_____
Technology	_____	_____
Young Family	_____	_____

Other Information:

Have you paid a Building Fund to another synagogue? _____

Name of synagogue and amount paid

I/we hereby make application for membership in Congregation B'nai Jacob, and agree to follow the constitution and by-laws. I/we intend to participate in synagogue activities as much as possible and I/we will endeavor to conduct my/our personal affairs in accordance with the practices of Conservative Judaism, and the highest criteria of Jewish loyalty. (All information will be kept confidential).

Signed, Member 1_____ Signed, Member 2_____

(FOR OFFICE USE ONLY)

Date application received: _____ Deposit Received: $_____

Starting Dues:$_____ Building Pledge:$_____