



Jewish Center of Teaneck

Office 201.833.0515 Email office@jcot.org www.jcot.org

Please print all information. Date _____

Membership Categories...Check one box only:

Note: Payment may be made by check or you can pay with a credit card at www.jcot.org

No Building Fund.

Full Membership.

Young Families. One spouse 35 or younger.

Associate Membership. Must be a full member at another shul.

Please indicate if you are currently a member or affiliate of any other shuls.

Name of shul _____ Affiliate _____ Member _____

Rabbi _____ Shul Phone # _____

Applicant # 1 _____

Kohen Levi Yisroel Convert

If convert, please list supervising Beit Din _____

Hebrew Name _____

Street Address _____

D.O.B. _____

Home phone _____ Cell phone _____

Email address _____

Occupation _____

Father's Hebrew name _____

Mother's Hebrew name _____

Married Single Divorced Widowed

If married anniversary date _____

Applicant # 2 _____

Kohen Levi Yisroel Convert

If convert, please list supervising Beit Din _____

Hebrew Name _____

D.O.B. _____

Home phone _____ Cell phone _____

Home email address _____

Occupation _____

Father's Hebrew name _____

Mother's Hebrew name _____

Married Single Divorced Widowed

If married anniversary date _____

Synagogue Skills read Torah read Megillah read Haftarah lead services

Daven: Shacharit/Musaf blow Shofar give a Shiur

Do you or any family members have skills that would benefit the Jewish Center?

If so please provide details: _____

Hobbies and Interests

Do you or any family members have hobbies or interests that would benefit the Jewish Center?

If so please provide details.

Please list here any child/children details:

	Childrens English name	Childrens Hebrew name	Date of Birth M/F
1			
2			
3			
4			
5			

See back page to complete Yartzheit information

Please list here any Yartzheit information:

	Yahrzeits English name	Yahrzeits Hebrew name	Relationship
1			
	English Date	Hebrew Date	
2			
	English Date	Hebrew Date	
3			
	English Date	Hebrew Date	
4			
	English Date	Hebrew Date	

Office Use Only

Membership category _____

Date check received _____ **Amount \$** _____

Comments: _____