

Congregation Etz Chaim • Monroe Township Jewish Center

11 Cornell Avenue • Monroe Township, NJ 08831
Phone: 732-251-1119 • WWW.ETZCHAIMMTJC.ORG

Join Congregation Etz Chaim to be part of a welcoming, caring community.

- *Rabbi Shmuel Polin's involvement in your life cycle events*
- *High Holiday tickets*
- *Worship services and Torah study*
- *Weekly "Talking With the Rabbi"*
- *Holiday celebrations*
- *Sisterhood*
- *Religious School that builds Jewish identities, from kindergarten through high school*
- *Adult education programs*
- *Book Club*
- *Volunteer opportunities for all ages and interests*
- *Informative communications through our weekly "Shabbat Shalom" email and monthly "Roots" newsletter*

Annual Dues Information

Full Annual Dues are \$1980

Senior Membership (65 years or older) is \$1485

Building Fund \$1500/\$500 (senior) is required of all new members. This can be paid over a five-year period. Any family that has already fulfilled a building fund at another congregation only has to pay 50%.

Any family that commits to a **Chai Membership** at \$5400, or **Chesed Membership** at \$3600 will receive 4 family High Holiday tickets plus 4 seats at the Passover Seder (in addition to your children) and \$100 credit towards Purim Baskets.

Affiliate Membership is \$990 for households who are current members in good-standing at another congregation.

Remote Membership is \$495 for Members who live more than 75 miles away. High Holiday streaming is included; physical tickets upon request. This category does not include free life cycle events.

Additional Dues Guidelines

Members having difficulty paying dues are invited to speak to our financial secretary. No one is ever turned away due to inability to pay.

All membership commitments are confidential.

All member families will receive high holiday tickets for 2 adults and any eligible children (living at home, unmarried, under 25). Remote members will receive virtual tickets, physical tickets upon request. If you join within 60 days after the High Holidays, the cost of your tickets will be deducted from your membership dues.

First year dues are discounted 50% until the end of our membership year on June 30.

MEMBER APPLICATION/FAMILY RECORD

(Please print)	ADULT #1	ADULT #2
1a. Full Name		
1b. Hebrew Name		
1c. Preferred Pronouns		
2. Cell Phone:		
3. E-mail address: (please print)		
4. Address, City, State & Zip & Home phone (if applicable)		
5. Date of Marriage:		
6. Date of Birth:		
7. Religious Background:	___ Jewish ___ Non-Jewish	___ Jewish ___ Non-Jewish
8. Do you read Hebrew?	___ Yes ___ No	___ Yes ___ No
9. Do you wish to participate in Services?	___ Yes ___ No ___ English Portion ___ Hebrew Portion	___ Yes ___ No ___ English Portion ___ Hebrew Portion
10. YAHRZEIT RECORD Use this space to record additional Yahrzeits if needed.	Name: _____ Relationship: _____ Date English Calendar _____ ___ I prefer observing Hebrew calendar ___ I prefer observing English calendar Name: _____ Relationship: _____ Date English Calendar _____ ___ I prefer observing Hebrew calendar ___ I prefer observing English calendar Name: _____ Relationship: _____ Date English Calendar _____ ___ I prefer observing Hebrew calendar ___ I prefer observing English calendar	Name: _____ Relationship: _____ Date English Calendar _____ ___ I prefer observing Hebrew calendar ___ I prefer observing English calendar Name: _____ Relationship: _____ Date English Calendar _____ ___ I prefer observing Hebrew calendar ___ I prefer observing English calendar Name: _____ Relationship: _____ Date English Calendar _____ ___ I prefer observing Hebrew calendar ___ I prefer observing English calendar

PLEASE FILL IN THE FOLLOWING INFORMATION AS IT APPLIES TO EACH OF YOUR CHILDREN UNDER AGE 25 AND STILL LIVING AT HOME.

	CHILD #1	CHILD #2	CHILD #3	CHILD 4
1. Name Nickname Hebrew Name				
2. Date of Birth				
3. Address: (if different from yours)				
4. Gender				
5. Public school grade entering as of September.				
6. Do any of your children have special needs? Please specify.				

Please list any other members of your household (example: grandparents) and their relationship to you.

How did you find out about Congregation Etz Chaim Monroe Township Jewish Center?

By affixing my (our) signature (s) below, I (we) agree to be bound by all the rules and regulations of the Congregation Etz Chaim Monroe Township Jewish Center set forth in the constitution and Bylaws, and to pay all Dues, Building Fund assessments, Religious School tuition, and other charges established by the Board of Trustees of the Congregation Etz Chaim Monroe Township Jewish Center. I (we) also agree that if for any reason I (we) choose to resign our membership, I (we) will do so in writing and agree to an exit interview. I (we) understand that I (we) may obtain a copy of the constitution by calling the Temple Office.

Signature(s) of Applicant(s) X _____

X _____

CONGREGATION ACTIVITIES IN WHICH YOU WOULD LIKE TO PARTICIPATE

INDICATE BY CHECK MARKS	ADULT #1	ADULT #2	INDICATE BY CHECK MARKS	ADULT #1	ADULT #2
Adult Education			K-12 Education Committee		
Building & Grounds			Membership Committee		
Caring Committee/ Visitation of Sick			Music Group - Instruments		
Choir Group			Public Relations		
Etz Chaim Bulletin "Roots"			Ritual Committee		
Financial			Sisterhood		
Fund Raising			Social Action		
High Holiday Ushers					