



**SHAAREI ORAH**

THE SEPHARDIC CONGREGATION OF TEANECK

1425 Essex Road, Teaneck, New Jersey 07666

(201) 833-0800

office@sephardicteaneck.org

**MEMBERSHIP FORM**

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**Husband**

Last: \_\_\_\_\_

First: \_\_\_\_\_

Title: \_\_\_\_\_

Hebrew Name:

\_\_\_\_\_ ben \_\_\_\_\_ (father)

\_\_\_\_\_ ben \_\_\_\_\_ (mother)

**Wife**

Last: \_\_\_\_\_

First: \_\_\_\_\_

Title: \_\_\_\_\_

Hebrew Name:

\_\_\_\_\_ bat \_\_\_\_\_ (father)

\_\_\_\_\_ bat \_\_\_\_\_ (mother)

Tribe (please circle): Kohen Levi Yisrael

\_\_\_\_\_ Email

\_\_\_\_\_ Cell Number

\_\_\_\_\_ Occupation

\_\_\_\_\_ Email

\_\_\_\_\_ Cell Number

\_\_\_\_\_ Occupation

**Children (please use back of form to add additional information)**

\_\_\_\_\_ Boy/Girl (please circle) \_\_\_\_\_  
English & Hebrew Name Birthday (mm/dd/yyyy) School

\_\_\_\_\_ Boy/Girl (please circle) \_\_\_\_\_  
English & Hebrew Name Birthday (mm/dd/yyyy) School

\_\_\_\_\_ Boy/Girl (please circle) \_\_\_\_\_  
English & Hebrew Name Birthday (mm/dd/yyyy) School

\_\_\_\_\_ Boy/Girl (please circle) \_\_\_\_\_  
English & Hebrew Name Birthday (mm/dd/yyyy) School

**AZKARA / YAHRZEIT** (please use back of form to add additional information)

(1) \_\_\_\_\_  
First and Last Name (ENGLISH) Relationship (i.e. father/mother of \_\_) Hebrew date

\_\_\_\_\_ Ben/Bat (please circle) \_\_\_\_\_  
Full Hebrew name of deceased

(2) \_\_\_\_\_  
First and Last Name (ENGLISH) Relationship (i.e. father/mother of \_\_) Hebrew date

\_\_\_\_\_ Ben/Bat (please circle) \_\_\_\_\_  
Full Hebrew name of deceased

**COMMITTEE INVOLVEMENT**

*Please indicate (circle) committee involvement you'd like to participate in:*

**WELCOME COMMITTEE**

- Organize new member Shabbat welcome
- Host new member families on Shabbat
- Prepare / deliver welcome basket

**HESSED COMMITTEE**

- Prepare a meal for new mothers
- Prepare a meal for the ill
- Offer rides as necessary

**PLANNING COMMITTEE**

- Event planning
- Speakers/Scholars-in-residence
- Fundraising

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*Current Annual Dues:* \$860 per year  
*Fiscal year begins on September 1<sup>st</sup>* Due with application and every year

*Building Fund:* \$6,000 over 6 years

*Affiliate Membership:* \$275 per year

(requires current membership in another Synagogue)

Name of Synagogue: \_\_\_\_\_

*The undersigned hereby applies for membership to Congregation Shaarei Orah. We accept responsibility for the financial obligations of membership.*

\_\_\_\_\_  
Husband

\_\_\_\_\_  
Wife

**For Office Use Only:**

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

Payment Received: \_\_\_\_\_

BOD approval: \_\_\_\_\_

Welcome kit sent: yes/no

Mailing/Phone database-info inputted: yes/no

Board Welcome letter sent: yes/no