



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

Wife

Last: _____

Last: _____

First: _____

First: _____

Title: _____

Title: _____

Hebrew Name:

Hebrew Name:

_____ ben _____ (father)

_____ bat _____ (father)

_____ ben _____ (mother)

_____ bat _____ (mother)

Tribe (please circle): **Kohen Levi Yisrael**

_____ Email

_____ Email

_____ Cell Number

_____ Cell Number

_____ Occupation

_____ 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

PLANNING COMMITTEE

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

HESSED COMMITTEE

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

Current Annual Dues: \$860 per year plus \$100 Security Fee
 Single Annual Dues: \$460 per year plus \$50 Security Fee
 Fiscal year begins on September 1st Due with application and every year

Building Fund: \$6,000 over 6 years
 Single Building Fund: \$3,000 over 6 years

Affiliate Membership: \$325 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