



**We are looking forward to
welcoming you here at the OJC!**

Please bring your completed Membership/Religious School packet to Krista Bohn in the Main Office.

Before you close your packet . . .

- Did you complete & sign your Membership Application?
- Did you include your initial payment that accompanies the Membership Application?
- If you have children in the Religious School did you complete the Registration Form for each child?
- Did you include Registration Fee for Religious School?



Welcome to
Orangetown Jewish Center
8 Independence Avenue, Orangeburg, NY 10962
(845) 359-5920 fax (845) 398-1646
www.theojc.org office@ojc.org

We warmly welcome you to Orangetown Jewish Center. We are an egalitarian, Conservative synagogue with over 500 families devoted to promoting the highest ethical, moral and religious standards as we foster respect for ourselves as well as others. We invite you to join us in prayer, study, social action and interaction as you help us continue to create and shape our committed and vibrant community.

Family Name _____
Street Address _____
City, State, Zip _____
Home Phone _____ Fax _____
Membership: New _____ or Renewal _____

PLEASE ATTACH PHOTO HERE

Adult Member 1

Mr. Mrs. Ms. Dr. Widowed Divorced Date & Place of Marriage: _____
Name:(Last) _____ (First) _____ Cell Phone _____
Email Address: _____ Birth Date: _____ Birth Place _____
Hebrew Name: _____ Previous Synagogue _____
If Converted: Name of Rabbi: _____ Mikveh: _____ Date: _____
Father's Hebrew Name: _____ Mother's Hebrew Name: _____
Employer _____ If Retired, Previous Occupation _____
Business Phone _____ Business Email Address _____
Have you previously been an OJC member? _____ When? _____
Relatives at OJC & Their Relationship to You _____

Adult Member 2

Mr. Mrs. Ms. Dr.
Name:(Last) _____ (First) _____ Cell Phone _____
Email Address: _____ Birth Date: _____ Birth Place _____
Hebrew Name: _____ Previous Synagogue _____
If Converted: Name of Rabbi: _____ Mikveh: _____ Date: _____
Father's Hebrew Name: _____ Mother's Hebrew Name: _____
Employer _____ If Retired, Previous Occupation _____
Business Phone _____ Business Email Address _____
Have you previously been an OJC member? _____ When? _____
Relatives at OJC & Their Relationship to You _____

Dependent Children (College Age and Younger)

Name: _____ Hebrew Name: _____ Gender _____ Birth Date: _____
 School Attending _____ Grade _____ Email _____ Year of HS Graduation: _____
 Religious School, if Applicable _____ Projected Year of Bar/Bat Mitzvah, if known _____

Name: _____ Hebrew Name: _____ Gender _____ Birth Date: _____
 School Attending _____ Grade _____ Email _____ Year of HS Graduation: _____
 Religious School, if Applicable _____ Projected Year of Bar/Bat Mitzvah, if known _____

Name: _____ Hebrew Name: _____ Gender _____ Birth Date: _____
 School Attending _____ Grade _____ Email _____ Year of HS Graduation: _____
 Religious School, if Applicable _____ Projected Year of Bar/Bat Mitzvah, if known _____

Name: _____ Hebrew Name: _____ Gender _____ Birth Date: _____
 School Attending _____ Grade _____ Email _____ Year of HS Graduation: _____
 Religious School, if Applicable _____ Projected Year of Bar/Bat Mitzvah, if known _____

Independent Children

Name: _____ Spouse Name _____ Email _____ OJC Member? _____
 Grandchildren Names and Ages _____, ____; _____, ____; _____, ____

Name: _____ Spouse Name _____ Email _____ OJC Member? _____
 Grandchildren Names and Ages _____, ____; _____, ____; _____, ____

Name: _____ Spouse Name _____ Email _____ OJC Member? _____
 Grandchildren Names and Ages _____, ____; _____, ____; _____, ____

Yahrzeits to be Remembered Please be sure to fill in this information COMPLETELY

*Name (English & Hebrew)	Relationship (Parent/Child/Sibling)	*English Date of Yahrzeit Including Year (Before or After Sundown)

Membership Type (check one)

- Full Member** Couples or families with children in 2nd grade and up.
 Annual Dues \$2230.00
 *Building Fund \$2500.00 Payable at \$500.00 per year for 5 years
- Single Member** Single, Divorced, Widowed
 Annual Dues \$1115.00
 *Building Fund \$1250.00 Payable at \$250.00 per year for 5 years
- Associate Member** Couples or families under the age of 35 with no children 2nd grade & up.
 Annual Dues \$1115.00
 Building Fund Deferred until Full or Single membership is applicable
- ALL first time members, regardless of age or children.**
 Good for one year (not the temple's fiscal year, but a year from joining).
 Annual Dues \$360.00 (Payable all at once or monthly)
 Building Fund Deferred until Full or Single membership is applicable

United Synagogue of America requests that anyone joining a synagogue, having left as a member of another synagogue, be in good financial standing at the time of registration.

Name of Previous Synagogue: _____ Date Joined: _____ Date Resigned: _____

Address: _____

Phone: _____ Fax: _____

*If you paid a building fund to a previous synagogue, please advise us. Once we contact and receive verification from that synagogue, we will credit 50% of the amount you paid to them up to a maximum credit of \$1,000.00 to the current building fund of the Orangetown Jewish Center. You will be billed for any difference.

Building Fund Paid to Synagogue Named Above: _____

Other Synagogue: _____

Address: _____

Phone: _____ Fax: _____

I give permission to OJC to contact my former synagogue _____

(Applicant's Signature)

For Office Use Only

If permission to contact granted and If Applicable:

Full Building Amount Fund Paid _____ Amount Paid for Dues _____

By signing this application form, We/I agree to abide by the rules and regulations of Orangetown Jewish Center as outlined in the constitution and by-laws. We/I further agree to assume all proper financial obligations for dues, tuitions, pledges, and assessments, as properly assessed by Orangetown Jewish Center.

Signature _____ Signature _____

Date _____ Date _____

ADDITIONAL INFORMATION ABOUT YOU!

Adult Member 1: _____

Check those which apply to you: Kohen Levi Israel I Read Hebrew I Speak Hebrew
 I Chant Torah/Haftorah I Lead Services

I Became Bar/Bat Mitzvah Parasha _____ Confirmed

I Attended Hebrew High School Day School/Yeshiva Jewish Camp/ Youth Group
 Advanced Studies

I am (a) Student Employed Self-Employed Unemployed Caregiver Retired

Occupation _____ Industry _____ Product/Services _____

Adult Member 2: _____

Check those which apply to you: Kohen Levi Israel I Read Hebrew I Speak Hebrew
 I Chant Torah/Haftorah I Lead Services

I Became Bar/Bat Mitzvah Parasha _____ Confirmed

I Attended Hebrew High School Day School/Yeshiva Jewish Camp/ Youth Group
 Advanced Studies

I am (a) Student Employed Self-Employed Unemployed Caregiver Retired

Occupation _____ Industry _____ Product/Services _____

Activities of Interest: Please place the member's initials next to the activities of interest

<input type="checkbox"/> Adult Education <input type="checkbox"/> Ad Journal <input type="checkbox"/> Bequests & Endowments <input type="checkbox"/> Board of Education <input type="checkbox"/> Board of Trustees <input type="checkbox"/> Blood Bank <input type="checkbox"/> Budget/Finance <input type="checkbox"/> Chesed (Caring) <input type="checkbox"/> Catering <input type="checkbox"/> Choir <input type="checkbox"/> Computer Technology <input type="checkbox"/> Employment Counseling <input type="checkbox"/> Entertainment <input type="checkbox"/> Gifts & Services Auction <input type="checkbox"/> Fund Raising <input type="checkbox"/> Havurah	<input type="checkbox"/> Hevrah Kadisha (Cemetery) <input type="checkbox"/> House and Grounds <input type="checkbox"/> Israel Program <input type="checkbox"/> Legal Issues <input type="checkbox"/> Library <input type="checkbox"/> Long-range/Strategic Planning <input type="checkbox"/> Membership <input type="checkbox"/> Men's Club <input type="checkbox"/> Minyan <input type="checkbox"/> Nursery School <input type="checkbox"/> Office Database Support <input type="checkbox"/> Office Volunteer <input type="checkbox"/> Parent/Teacher Association <input type="checkbox"/> Publicity/Marketing <input type="checkbox"/> Purim Baskets <input type="checkbox"/> Recreational Activities	<input type="checkbox"/> Ritual Committee <input type="checkbox"/> Shiva Support <input type="checkbox"/> Single Parenting <input type="checkbox"/> Singles' Group <input type="checkbox"/> Sisterhood <input type="checkbox"/> Seniors' Group <input type="checkbox"/> Social Action <input type="checkbox"/> Substance Abuse Counseling <input type="checkbox"/> Torah Skills <input type="checkbox"/> Torah for Tots <input type="checkbox"/> Tutoring (B'nai Mitzvah/ Hebrew Language) <input type="checkbox"/> Shaliach (Newsletter) <input type="checkbox"/> Writing/Editing <input type="checkbox"/> Youth Activities <input type="checkbox"/> Other , Please Specify
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List any skills, talents, interests, experiences, community involvement, offices held, professional achievements, etc., that can help support the above listed activities. _____
