



Membership Application | Form A

Welcome to the Young Israel of East Brunswick! The Jewish community has called East Brunswick home for the last half-century, and we offer all the amenities a Modern Orthodox family needs. We look forward to receiving your membership application, and encourage you to reach out with any questions.

Form A will be sent to our membership and administrative teams. Form B will be provided to applicants after initial outreach.

Membership Fee

☐ \$1,600 Family ☐ \$1,000 Senior ☐ \$825 Individual ☐ \$250 Associate Member

Additional Fees & Requirements

The first year of membership fees is waived for new members. The second year is prorated to the nearest quarter if necessary.

There is an annual \$600 building fund assessment for the first six years of membership (the first year is deferred for new members).

An annual security fee of \$200 is required for family and senior members, while an annual \$100 fee is required for individual members.

Associate Members must have full membership at another synagogue.

Applicant Information

Applicant No. 1

Full Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Date of Birth: _____

Occupation/Employer: _____

Hebrew Name: _____

Father's Hebrew Name: _____

Mother's Hebrew Name: _____

Bar/Bat Mitzvah Parsha: _____ Kohen/Levi/Yisrael: _____



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Applicant No. 2

Full Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Date of Birth: _____

Occupation/Employer: _____

Hebrew Name: _____

Father's Hebrew Name: _____

Mother's Hebrew Name: _____

Bar/Bat Mitzvah Parsha: _____ Kohen/Levi/Yisrael: _____

Children

Full Name: _____

Hebrew Name: _____

Gender: _____ Date of Birth: _____

Current School: _____ Grade: _____

Full Name: _____

Hebrew Name: _____

Gender: _____ Date of Birth: _____

Current School: _____ Grade: _____

Full Name: _____

Hebrew Name: _____

Gender: _____ Date of Birth: _____

Current School: _____ Grade: _____



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Full Name: _____

Hebrew Name: _____

Gender: _____ Date of Birth: _____

Current School: _____ Grade: _____

Full Name: _____

Hebrew Name: _____

Gender: _____ Date of Birth: _____

Current School: _____ Grade: _____

Full Name: _____

Hebrew Name: _____

Gender: _____ Date of Birth: _____

Current School: _____ Grade: _____

Shul Activities & Interests

Please identify your areas of interest in volunteering for these groups or activities.

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Marketing/Publicity | <input type="checkbox"/> Sisterhood |
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> House/Facility | <input type="checkbox"/> Mikvah | <input type="checkbox"/> Stork Club |
| <input type="checkbox"/> Davening for Amud | <input type="checkbox"/> Kiddush/Catering | <input type="checkbox"/> Recruitment | <input type="checkbox"/> Website/Social Media |
| <input type="checkbox"/> Eruv | <input type="checkbox"/> Laying/Haftarah | <input type="checkbox"/> Religious Affairs | <input type="checkbox"/> Youth |

Referral

Let us know how you found out about YIEB.

- ☐ Family/Friend ☐ Marketing ☐ Rabbi ☐ OU Fair ☐ Other

Additional Information: _____



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Submission

If you have any questions regarding this application, please call the office at 732-254-1860 x1 or email Andrea Weber, the administrative director, at andrea.weber@yieb.org.

Please email your completed application to Andrea Weber or mail it to YIEB:

Administrative Director
Young Israel of East Brunswick
193 Dunhams Corner Road
East Brunswick, NJ 08816

Signature

I attest that, to the best of my knowledge and belief, all information completed above is accurate.

Printed Name
(Applicant No. 1)

Printed Name
(Applicant No. 2)

Signature
(Applicant No. 1)

Signature
(Applicant No. 2)