



# CONGREGATION AGUDATH ISRAEL OF WEST ESSEX

20 ACADEMY ROAD, CALDWELL, NJ 07006 • PHONE: 973-226-3600 • FAX: 973-226-7480 • E-MAIL: INFO@AGUDATH.ORG • WWW.AGUDATH.ORG

## MEMBERSHIP REGISTRATION FORM

*For office use only*

Date of application	_____
Membership type	_____
Deposit paid/check #	_____
Amount paid	_____

We are delighted to welcome you to our CAI Family and look forward to having you as a member of our community. Please complete the following form and be assured that all information will be kept strictly confidential.

Last Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Primary E-mail \_\_\_\_\_

Marital Status  Married  Single  Partner  Widowed  Divorced Marriage Date/Location \_\_\_\_\_

How did you hear about CAI? \_\_\_\_\_

### Children at Home

<u>Name</u>	<u>Hebrew Name</u>	<u>Gender</u>	<u>Date of Birth</u>	<u>School Attending/Grade</u>
_____	_____	M F	_____	/
_____	_____	M F	_____	/
_____	_____	M F	_____	/
_____	_____	M F	_____	/

### Children Out of Home

<u>Name (&amp; name of spouse if applicable)</u>	<u>Grandchild Name</u>	<u>Grandchild Gender</u>	<u>Grandchild Age</u>
_____	_____	M F	_____
_____	_____	M F	_____
_____	_____	M F	_____
_____	_____	M F	_____
_____	_____	M F	_____
_____	_____	M F	_____

### Yahrzeits

<u>Name</u>	<u>Hebrew Name</u>	<u>Relationship</u>	<u>Date of Death</u>	<u>Before or After Sunset? (circle)</u>
_____	_____	_____	_____	B A
_____	_____	_____	_____	B A
_____	_____	_____	_____	B A
_____	_____	_____	_____	B A



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## ADULT MEMBER (I)

Name  Mr.  Mrs.  Ms.  Dr.  Rabbi \_\_\_\_\_

Email \_\_\_\_\_ Cell # \_\_\_\_\_ Business # \_\_\_\_\_

Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_

Jewish by Choice?  Yes  No If yes, name of Rabbi/Date of conversion \_\_\_\_\_

Jewish by Birth?  Yes  No Affiliation?  Orthodox  Conservative  Reform  Reconstructionist

Which Apply?  Bar/Bat Mitzvah  Confirmation  Hebrew High  Youth Group  Read Hebrew  
 Speak Hebrew  Chant Torah  Chant Haftorah  Lead Services

Hebrew Name \_\_\_\_\_  Kohen  Levi  Israel

Employment  student (full-time)  student (part-time)  employed  self-employed  
 unemployed  caregiver  retired

If retired or unemployed, previous occupation \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Please indicate which areas are of interest to you.

### ACTIVITIES

- Adult Education
- Choir
- Conservative Judaism Organizations
- Early Childhood Center
- Friendship Groups
- Inter-Religious Community Projects
- Israel Programs
- Jersey Jew Crew\*\*\*\*
- Meditation
- Men's Club
- New Parent Groups
- Religious School
- Senior Programming
- Sisterhood
- Social Action
- Teen Programming
- Women's Study Group

### VOLUNTEER GROUPS

- Caring Committee\*
- Chevra Kadisha\*\*
- Environmental/Greening
- Fundraising
- Israel Programs (AIPAC)\*\*\*
- Kiddush Committee
- Membership Committee
- Office
- Publicity/Marketing
- Purim Basket Committee
- Social Action
- Other (please specify)

### SKILLS

- Bookkeeping/Accounting/Finance
- Carpentry/Electric/Painting/Handyman
- Computer Skills
- Event/Program Planning & Execution
- Fundraising
- Graphic Design/Artist
- Legal
- Marketing
- Musical Instrument/Singing
- Office Work/Administrative
- Photography
- Teaching/Youth Leadership
- Telephone Calls
- Writing/Editing
- Other (please specify)

### SERVICES NEEDED/WANTED

- Caring Committee\*
- Congregational Nurse
- Congregational Social Worker
- Special Needs Child
- Other (please specify)

\*Caring Committee: Support other congregants with transportation, visitation, errands and more

\*\*Chevra Kadisha: Assist other congregants with death and mourning rituals

\*\*\*AIPAC: American Israel Public Affairs Committee: Help make Israel more secure by ensuring that American support remains strong.

\*\*\*\*Jersey Jew Crew: 20-something's Social Group

Please list any other information, skills, talents, interests, community involvement, offices held, professional achievements, etc.

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## ADULT MEMBER (1) CONTINUED

Previous Synagogue \_\_\_\_\_

Volunteer Positions Held \_\_\_\_\_

Prior CAI membership?  Yes  No      If yes, when? \_\_\_\_\_

Relatives at CAI \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

Family cemetery plot?  Yes  No      Where? \_\_\_\_\_

## ADULT MEMBER (2)

Name  Mr.  Mrs.  Ms.  Dr.  Rabbi \_\_\_\_\_

Email \_\_\_\_\_ Cell # \_\_\_\_\_ Business # \_\_\_\_\_

Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_

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\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

Family cemetery plot?  Yes  No      Where? \_\_\_\_\_



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By signing this registration form, We/I agree to abide by the rules and regulations of Congregation Agudath Israel of West Essex, 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 Congregation Agudath Israel of West Essex.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_