

# Membership Application

THE JEWISH CENTER OF ATLANTIC BEACH

100 Nassau Avenue  
Atlantic Beach, NY 11509  
Phone: 516-371-0972  
Fax: 516-371-5373  
Email: [jcaboffice@gmail.com](mailto:jcaboffice@gmail.com)  
Website: [www.jewishcenterofatlanticbeach.org](http://www.jewishcenterofatlanticbeach.org)

## FOR OFFICE USE ONLY

DATE RECEIVED \_\_\_\_\_

To Rabbi \_\_\_\_\_ Rabbi's Approval \_\_\_\_\_

To Board \_\_\_\_\_ Board Approval \_\_\_\_\_

Membership Type \_\_\_\_\_

C Contact \_\_\_\_\_ ShulCloud \_\_\_\_\_ Aliyah Card \_\_\_\_\_

EM Congrat \_\_\_\_\_ Welcome Ltr \_\_\_\_\_ SU Welcome \_\_\_\_\_

Bar/Bat Mitzvah \_\_\_\_\_ Pmt Recd/Processed \_\_\_\_\_

Name (Male) Title \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_

Name (Female) Title \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_

Primary Residence Street \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Summer/Winter Residence Street \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

To which address should we send mail? \_\_\_\_\_

Marital Status \_\_\_\_\_ Anniversary \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo Day Year

If divorced, who arranged the *Get* (religious divorce)? \_\_\_\_\_

MALE APPLICANT Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

Work Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Hebrew Name: \_\_\_\_\_  
(English Spelling)

Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_

English: \_\_\_\_\_

Hebrew: \_\_\_\_\_

FEMALE APPLICANT Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

Work Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Hebrew Name: \_\_\_\_\_  
(English Spelling)

Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_

English: \_\_\_\_\_

Hebrew: \_\_\_\_\_

Check one:

Cohen  Levi  Yisrael

Bar Mitzvah Parasha \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Are there any conversions or adoptions in your immediate family?

If yes, please explain and provide a copy of all relevant documents:

(Please be sure to answer this question even if answer is NO)

\_\_\_\_\_

Please attach a recent individual passport-sized photo of EACH adult applicant in this space.

Photos can also be submitted by email to [jcaboffice@gmail.com](mailto:jcaboffice@gmail.com)

CHILDREN LIVING AT HOME						
Full Name	Birth Date	*Time of Birth	Gender	School	Grade	Hebrew Name (English Spelling)

**\*IMPORTANT: Approx Time of birth is NEEDED to calculate your child's correct Bar/Bat Mitzvah Date!**

CHILDREN LIVING ON THEIR OWN				
Full Name	Birth Date	Place of Residency	Spouse/No. of Children	Hebrew Name (English Spelling)

**Yahrzeit Record** (additional names may be written in on the back of this page)

Name of Deceased <i>(please include name of departed's father)</i>	Date of Passing	Relationship (Specify applicant)
English _____ Hebrew (English Spelling) _____	Secular (MM/DD/YY) _____ Jewish (MM/DD/YY) _____	_____
English _____ Hebrew (English Spelling) _____	Secular (MM/DD/YY) _____ Jewish (MM/DD/YY) _____	_____
English _____ Hebrew (English Spelling) _____	Secular (MM/DD/YY) _____ Jewish (MM/DD/YY) _____	_____
English _____ Hebrew (English Spelling) _____	Secular (MM/DD/YY) _____ Jewish (MM/DD/YY) _____	_____

**Previous & or/other Congregational Affiliation** (Name & City) \_\_\_\_\_

How Long? \_\_\_\_\_ Outstanding financial obligations? \_\_\_Yes \_\_\_No

If yes, please explain \_\_\_\_\_

**Member Interests**

*We encourage our membership to play an active role in Synagogue life. Please use family member initials to indicate the areas in which members of your family have an interest in participating).*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Leadership        | <input type="checkbox"/> Membership              | <input type="checkbox"/> Music/Instrument              |
| <input type="checkbox"/> Adult Education   | <input type="checkbox"/> Kiddush Prep/Setup      | <input type="checkbox"/> Torah Reading/Leading Tefilla |
| <input type="checkbox"/> Youth Programming | <input type="checkbox"/> Holiday Programming     | <input type="checkbox"/> Chessed Opportunities         |
| <input type="checkbox"/> Library           | <input type="checkbox"/> Ritual Committee/Gabbai | <input type="checkbox"/> Chevra Kadisha                |
| <input type="checkbox"/> Special Events    | <input type="checkbox"/> Young Adult Programming | <input type="checkbox"/> Other (please indicate) _____ |

## **ANNUAL DUES:**

<b>Full Membership Family \$1650 + \$50 for Men's Club &amp; Sisterhood Dues = \$1700</b> <b>Single \$825 + \$25 for Men's Club or Sisterhood Dues = \$850</b>
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**Annual Dues Commitment:** \$ \_\_\_\_\_

I/we hereby apply for membership in the Jewish Center of Atlantic Beach. If elected to membership I/we will conform to and obey the constitution, by-laws and other rules and regulations of the Congregation now in force or hereafter to be adopted. I/we agree to contribute a minimum of \$1,500.00 to the Building Fund over a maximum period of five years. This pledge will not be in effect until the second year of membership. As a member, I/we shall be entitled to all the rights and privileges set forth in the by-laws of the Congregation.

**Applicant Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_