



EAST BRUNSWICK JEWISH CENTER

511 Ryders Lane – East Brunswick, NJ 08816
732-257-7070 – www.ebjc.org

Application for Membership

We are thrilled that you have decided to join our East Brunswick Jewish Center family. We are looking forward to getting to know you better! Your involvement at EBJC will enable you to develop relationships and make our community stronger! Please fill out the information included in this application. Please be assured that any personal information that you share with us will remain confidential. If you have any questions, please contact Ellen Botwin, Executive Director, at ebotwin@ebjc.org or 732-257-7070 x5.

Last name, adult #1 _____ First name _____

Last name, adult #2 _____ First name _____

Street _____

City _____ State _____ Zip _____

Phone _____

Wedding Anniversary (mm/dd/yy) _____

How did you become aware of EBJC? _____

Why did you choose to join EBJC? _____

Alternative Address

Street _____

City _____ State _____ Zip _____

Do you have any relatives or close friends that are also members of EBJC?

If yes, please list family name and relationship:

FOR OFFICE USE ONLY:

DATE ENTERED _____ MEMBERSHIP CATEGORY _____

Household Adult #1

Please indicate Mr. Mrs. Ms. Dr. Rabbi Other _____

Last name _____ First name and middle initial _____

Informal name _____ Birthdate (mm/dd/yy) _____

Email _____ Cell phone _____ Marital Status _____

Please indicate appropriate designation: Born Jewish Not Jewish Jewish by Choice

Was your father a: Kohen Levi Yisrael Unsure

If Jewish by choice, please indicate: Officiating Rabbi _____ City _____ Date _____

Hebrew name _____

Father's Hebrew name _____ Mother's Hebrew name _____

Business Information Adult #1

Business name _____ Title _____

Brief Job Description _____

Address (street, city, state, zip) _____

Phone _____ Email _____

Household Adult #1

Please indicate Mr. Mrs. Ms. Dr. Rabbi Other _____

Last name _____ First name and middle initial _____

Informal name _____ Birthdate (mm/dd/yy) _____

Email _____ Cell phone _____ Marital Status _____

Please indicate appropriate designation: Born Jewish Not Jewish Jewish by Choice

Was your father a: Kohen Levi Yisrael Unsure

If Jewish by choice, please indicate: Officiating Rabbi _____ City _____ Date _____

Hebrew name _____

Father's Hebrew name _____ Mother's Hebrew name _____

Business Information Adult #1

Business name _____ Title _____

Brief Job Description _____

Address (street, city, state, zip) _____

Phone _____ Email _____

Children Living at Home and/or Enrolled in a Full Time Education Program

Please use additional sheets and attach, if necessary.

Child 1

Name _____ Hebrew name _____

Birthdate (mm/dd/yy) _____ Sex _____ Email _____ Cell _____

Currently enrolled in (please print name of school):

Early Childhood Program _____ Day School _____

Religious School _____ High School/College _____

Child 2

Name _____ Hebrew name _____

Birthdate (mm/dd/yy) _____ Sex _____ Email _____ Cel _____

Currently enrolled in (please print name of school):

Early Childhood Program _____ Day School _____

Religious School _____ High School/College _____

Child 3

Name _____ Hebrew name _____

Birthdate (mm/dd/yy) _____ Sex _____ Email _____ Cell _____

Currently enrolled in (please print name of school):

Early Childhood Program _____ Day School _____

Religious School _____ High School/College _____

Adult Children Not Living at Home

Please use additional sheets and attach, if necessary.

Child 1

Name _____ Spouse's name (if applicable) _____

Birthdate (mm/dd/yy) _____ Sex _____ Cell _____

Child 2

Name _____ Spouse's name (if applicable) _____

Birthdate (mm/dd/yy) _____ Sex _____ Cell _____

Child 3

Name _____ Spouse's name (if applicable) _____

Birthdate (mm/dd/yy) _____ Sex _____ Cell _____

Yahrzeit Information

It is our custom to remind you of the Yahrzeit dates of your loved ones. If you wish to be reminded, please list all Yahrzeit records available. All information is necessary in order to notify you of Yahrzeit observance. Please feel free to contact the Rabbi at any time with questions regarding Yahrzeit.

Name in English and Hebrew	Relationship to Whom	English Date/Time of Death	Sundown Before/After
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Previous Synagogue Involvement

Previous Synagogue Membership in the Past Five Years:

Name _____ City _____ Years Affiliated _____

Please share information about previous involvement in synagogue life/community organizations including positions held.

Release

Unless otherwise indicated by me/us in writing, I/we hereby give permission to EBJC to publish and/or distribute in print, electronic, digital or video format, including but not limited to photographs, digital images, the likeness or image of me and members of my family, including any minor children. I understand that if my minor child's likeness or image is published or distribute by EBJC, my child will not be identified by name. I release all claims against EBJC with respect to ownership, intellectual property rights, publication rights, privacy rights, and all such similar rights, including any compensation, related to the use of said likenesses or images. All prints and digital reproductions shall be and shall remain the exclusive property of EBJC.

Adult #1 _____ Date _____

Adult #2 _____ Date _____

Covenant with Congregation

As becoming a part of the kehillah kedoshah (sacred community) of EBJC, I/we agree to always strive to learn and grow as Jews, be open to the performance of new mitzvot, and take full responsibility in understanding the financial and volunteer needs of the synagogue by contributing to the community with my/our time and resources.

Adult #1 _____ Date _____

Adult #2 _____ Date _____

We warmly welcome you to our community!

Jewish Life and Learning at EBJC

Are you ready to become immersed in Jewish life and learning at EBJC? We hope that you'll consider getting more out of your synagogue membership by getting involved in one of the many areas listed below. Please put a check mark next to the areas where you would like to grow with us. We're looking forward to hearing from you!

We realize that time is precious. Please indicate (by checking one or both) if you'd like to serve on a committee ____ or volunteer for a specific task on a short term basis ____. We appreciate and respect your time constraints.

Event planning ____

Programming ____

Fundraising ____

Hazak (55+) ____

Long Range Planning ____

Membership ____

Library ____

IT/Social Media ____

Social Action ____

Men's Club ____

Sisterhood ____

New Era (young family events) ____

Adult Education ____

Religious/Ritual ____

Preschool ____

Keshet (Hebrew School) ____

Youth Groups ____

Other _____

Additional Information

Creating an inclusive atmosphere is a top priority in all areas of synagogue life at EBJC. Please include any comments which might enable us to best fulfill the needs of you and your family.

Please feel free to include any additional skills, talents or hobbies.

In Case of Emergency, please contact

*Please return completed application to:
East Brunswick Jewish Center
Attn: Ellen Botwin, Executive Director
511 Ryders Lane
East Brunswick, NJ 08816
Or scan and send to ebotwin@ebjc.org*