

**THE JEWISH CENTER'S  
APPLICATION FOR MEMBERSHIP**



Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Residence: \_\_\_\_\_ Zip code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Firm Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Age: \_\_\_\_\_ Married?: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_ Firm Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**PRESENT OR PREVIOUS SYNAGOGUE AFFILIATION:**

Name of Congregation: \_\_\_\_\_

Address: \_\_\_\_\_

Communal Affiliations: \_\_\_\_\_

**JEWISH CENTER MEMBER ACQUAINTANCES: \_\_\_\_\_**

What made you join The Center? (Any specific programs?)

\_\_\_\_\_  
\_\_\_\_\_

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

*ADDITIONAL INFORMATION MAY BE INCLUDED ON THE LAST PAGE.*

Signature: \_\_\_\_\_

**FAMILY RECORD**

Please indicate by checking the appropriate box if you are registering for an individual or a family membership.

Individual ( )                      Family ( )

**I. MAN/HUSBAND**

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

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

(Check One) Kohen ( )    Levi ( )    Yisroel ( )

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

Bar Mitzvah Portion: \_\_\_\_\_

Father's Name-English: \_\_\_\_\_ Hebrew: \_\_\_\_\_

Mother's Maiden Name-English: \_\_\_\_\_ Hebrew: \_\_\_\_\_

If either parent is deceased, please state date of death:

Father \_\_\_\_\_ If father died after nightfall, check here. ( )  
English month day year

Mother \_\_\_\_\_ If mother died after nightfall, check here. ( )  
English month day year

**II. WOMAN/WIFE**

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

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

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

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

Father's Name-English: \_\_\_\_\_ Hebrew: \_\_\_\_\_

Mother's Maiden Name-English: \_\_\_\_\_ Hebrew: \_\_\_\_\_

If either parent is deceased, please state date of death:

Father \_\_\_\_\_ If father died after nightfall, check here. ( )  
English month day year

Mother \_\_\_\_\_ If mother died after nightfall, check here. ( )  
English month day year

**III. CHILDREN**

Name - English                                      Name - Hebrew                                      Date of Birth      Bar Mitzvah Portion

\_\_\_\_\_

first	name	middle	first	middle	DOB	Bar Mitzvah Portion
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first	middle	first	middle	DOB	Bar Mitzvah Portion
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first	middle	first	middle	DOB	Bar Mitzvah Portion
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first	middle	first	middle	DOB	Bar Mitzvah Portion
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first	middle	first	middle	DOB	Bar Mitzvah Portion
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**ADDITIONAL DATA**

Please record here any other information you feel may be of value to The Jewish Center.

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## MEMBERSHIP DUES

**(Please check one and visit our website to complete the payment)**

- Family Membership -\$2135
- Family Membership with the Jewish Day School Initiative Donation - \$2,235,
- Young Married Membership\* - \$1,160
- Young Married with the Jewish Day School Initiative Donation - \$1,235,
- Individual Membership - \$1,105
- Individual Membership with the Jewish Day School Initiative Donation - \$1,180
- Young Leadership\*\* - \$635
- Young Leadership with the Jewish Day School Initiative Donation - \$685
- Student (w/ student ID) - \$180
- Student with the Jewish Day School Initiative Donation - \$198
- Friend of The JC\*\*\* - \$180
- Friend of The JC with the Jewish Day School Initiative Donation - \$198

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\* Under 30 years of age for a maximum of 2 years.

\*\* Under 30 years of age.

\*\*\* Out of state residents.