

**THE JEWISH CENTER
APPLICATION FOR MEMBERSHIP DRIVE
2019-2020**



Date: _____

Name: _____ Phone: _____

Residence: _____ Zip code: _____

Occupation: _____ Firm Name: _____

Business Address: _____ Zip: _____ Phone: _____

E-mail Address: _____

Age: _____ Married Y/N _____ 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	middle	first	middle	DOB	Bar Mitzvah Portion
_____	_____	_____	_____	_____	_____
first	middle	first	middle	DOB	Bar Mitzvah Portion
_____	_____	_____	_____	_____	_____
first	middle	first	middle	DOB	Bar Mitzvah Portion
_____	_____	_____	_____	_____	_____
first	middle	first	middle	DOB	Bar Mitzvah Portion
_____	_____	_____	_____	_____	_____
first	middle	first	middle	DOB	Bar Mitzvah Portion

ADDITIONAL DATA

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

MEMBERSHIP DISCOUNTED DUES

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

- Family Membership - ~~\$2275~~ **\$1820**
- Family Membership with the Jewish Day School Initiative Donation - ~~\$2375~~ **\$1920**
- Family Membership with the Jewish Day School Initiative & Sisterhood - ~~\$2425~~ **\$1970**

- Young Married* Membership for New Members - ~~\$1250~~ **\$1000**
- Young Married Membership with the Jewish Day School Initiative Donation - ~~\$1325~~ **\$1075**
- Young Married Membership with the Jewish Day School Initiative & Sisterhood - ~~\$1375~~ **\$1125**

- Individual Membership for New Members - ~~\$1200~~ **\$960**
- Individual Membership with the Jewish Day School Initiative Donation - ~~\$1300~~ **\$1060**
- Individual Membership with the Jewish Day School Initiative & Sisterhood - ~~\$1350~~ **\$1110**

- Young Leadership**- Membership for New Members - ~~\$675~~ **\$540**
- Young Leadership Membership with the Jewish Day School Initiative Donation - ~~\$725~~ **\$590**

- 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**

* Under 30 years of age for a maximum of 2 years.
** Under 30 years of age. **For the month of November**
*** Out of state residents.