



TEMPLE ISRAEL
Jewish Community Center

Temple Israel & JCC
475 Grove St.
Ridgewood, NJ 07450
(201)444-9320

We are very pleased that you have chosen to join Temple Israel & JCC, founded in 1952 and affiliated with the United Synagogue of Conservative Judaism. To further your full involvement in the life of the congregation, we ask that you complete this application and information form. The data you share with us remains completely confidential.

Date of Application _____ Family Name _____ Home Phone _____

Home Address: _____
Street City State Zip

Marital Status: Single Married Widow/er Separated Divorced Wedding Date _____

Applicant 1

Applicant 2

Last Name _____

First Name _____

Mr./Mrs./Ms./Dr./Other _____

Hebrew Name _____

Kohen/Levi/Yisrael _____

Father's Hebrew Name _____

Mother's Hebrew Name _____

Date of Birth _____

Occupation _____

Business Name _____

Business Address _____

Business Phone _____

Cell Phone _____

Email _____

Applicant 1:

Religious Education: Yrs. of Relig.School _____ Bar Mitzvah Day School Hebrew High School Adult Ed.

Are you a Jew-by-choice (converted)? Yes/No If yes Denomination _____ Date: _____ Sponsoring Rabbi: _____

Please check if you are interested in any of these activities or committees: Adult Ed. B'nei Mitzvah Brandeis Men's Club B'yachad Cemetery Chant Torah/Haftarah Chesed (Lovingkindness) Facilities Family Programming Havurah Hazak House Israel Action Keruv Lead Services Library Membership Publicity Ritual School Committee Sing in Choir Social Action Ushering Ways & Means Youth Other _____

Would you like to receive email announcements? _____ Israel Action Committee email updates? _____

Applicant 2:

Religious Education: Yrs. of Relig.School _____ Bat Mitzvah Day School Hebrew High School Adult Ed.

Are you a Jew-by-choice (converted)? Yes/No If yes Denomination _____ Date: _____ Sponsoring Rabbi: _____

Please check if you are interested in any of these activities or committees: Adult Ed. B'nei Mitzvah Brandeis Men's Club B'yachad Cemetery Chant Torah/Haftarah Chesed (Lovingkindness) Facilities Family Programming Havurah Hazak House Israel Action Keruv Lead Services Library Membership Publicity Ritual School Committee Sing in Choir Social Action Ushering Ways & Means Youth Other _____

Would you like to receive email announcements? _____ Israel Action Committee email updates? _____

*Previous Congregation _____
Synagogue Name City State Phone

Years Affiliated _____ *By signing this application you are authorizing Temple Israel and your prior synagogue to share information.

Children:

First Name MI Family Name Hebrew Name Birth date Grade

First Name MI Family Name Hebrew Name Birth date Grade

First Name MI Family Name Hebrew Name Birth date Grade

First Name MI Family Name Hebrew Name Birth date Grade

First Name MI Family Name Hebrew Name Birth date Grade

Yahrzeits

Name Relationship English date (day/year, before/after sundown) Hebrew Date (if known)

Name Relationship English date (day/year, before/after sundown) Hebrew Date (if known)

Name Relationship English date (day/year, before/after sundown) Hebrew Date (if known)

Name Relationship English date (day/year, before/after sundown) Hebrew Date (if known)

Do you own cemetery lots? Yes No Cemetery: _____
Name City State

How did you hear about Temple Israel: _____

What made you decide to join Temple Israel: _____

Were you referred to Temple Israel by a member of the synagogue, if so, by whom? _____

Current annual dues are \$ _____. They will be billed in accordance with the synagogue's current billing policies, which are provided with this application and are subject to adjustment by the Board of Directors at any time. I/We also understand that I/We are obligated to pay \$ _____ for the Building Fund at the rate of \$ _____ per year for ____ years, beginning on the acceptance of my application of membership. I/We acknowledge that by my execution of this application even if I/We terminate my membership before the annual membership dues and multi-year year Building Fund obligations have been paid in full, that such obligations survive our termination and that I/We will pay such obligation in full in accordance with the schedule that we have agreed to.

Signature _____ Date: _____

Signature _____ Date: _____

For Office Only:

Date Received _____ Deposit with Application \$ _____

Membership Committee Chairperson Approval _____ Date _____

Rabbi Approval _____ Date _____

Board Approval Date _____