



# East Northport Jewish Center

## MEMBERSHIP APPLICATION

WE REVERE OUR HISTORY AND EAGERLY ANTICIPATE OUR FUTURE



Date:	
Name:	Spouse Name:
Home Address:	City/Zip:
Home Phone:	Home Fax:
Cell Phone:	Cell Phone:
E-Mail:	E-Mail:
Birth Date (month, day, year):	Birth Date (month, day, year):
Anniversary Date:	
Emergency Contact (Name / Phone No.):	
Occupation:	Occupation:
Business Name:	Business Name:
Business Address:	Business Address:
Business Phone:	Business Phone:
Are you Jewish? (circle one)      Yes      No	Are you Jewish? (circle one)      Yes      No
Mother Jewish?    Yes    No    Father Jewish?    Yes    No	Mother Jewish?    Yes    No    Father Jewish?    Yes    No
Hebrew Name:	Hebrew Name:
Tribe (circle one): <i>Kohen</i> <i>Levi</i> <i>Israelite</i>	Tribe (circle one): <i>Kohen</i> <i>Levi</i> <i>Israelite</i>
I can chant the <i>Haftorah</i> Yes      No	I can chant the <i>Haftorah</i> Yes      No
I can lead the service                  Yes      No	I can lead the service                  Yes      No
I can read the <i>Torah</i> Yes      No	I can read the <i>Torah</i> Yes      No
Previous Synagogue:	
Other Religious organization affiliate:	
<b>Y A H R Z E I T S</b>	
Deceased Name:	Deceased Name:
Date of Death:                              Before/After Sundown?	Date of Death:                              Before/After Sundown?
Relationship:	Relationship:
Deceased Name:	Deceased Name:
Date of Death:                              Before/After Sundown?	Date of Death:                              Before/After Sundown?
Relationship:	Relationship:

<b>Child 1:</b>			
Name:		Hebrew Name:	
Mother Jewish?      Yes      No	Father Jewish?      Yes      No		
Birth Date (Month/day/year):		Sex:                      Male      Female	
Secular (Public or Private) or Day School Attending:			
Current Grade in School:		Religious School Grade (if attending):	
Youth Organizations:			
<b>Child 2:</b>			
Name:		Hebrew Name:	
Mother Jewish?      Yes      No	Father Jewish?      Yes      No		
Birth Date (Month/day/year):		Sex:                      Male      Female	
Secular (Public or Private) or Day School Attending:			
Current Grade in School:		Religious School Grade (if attending):	
Youth Organizations:			
<b>Child 3:</b>			
Name:		Hebrew Name:	
Mother Jewish?      Yes      No	Father Jewish?      Yes      No		
Birth Date (Month/day/year):		Sex:                      Male      Female	
Secular (Public or Private) or Day School Attending:			
Current Grade in School:		Religious School Grade (if attending):	
Youth Organizations:			
<b>BUILDING FUND COMMITMENT:</b> Recognizing that others before me have underwritten the present physical plant of the East Northport Jewish Center, I hereby assume an equal share with all members and pledge to the Building Fund the sum of \$1,500, payable over five years (if you were a member of another synagogue and paid into their building fund, we allow credit and, upon proper documentation, will deduct the amount from our fund of \$1,500).			
<b>Dues Commitment:</b>		<b>Total:</b>	
<b>PAYMENT OBLIGATION:</b> Dues and fees are payable in full on or prior to July 1 <sup>st</sup> for the ensuing twelve (12) month membership period. However, as a courtesy to our members, dues and fees may be paid over a period of ten (10) months, with twenty (20%) percent in July and the remaining balance paid in eight (8) monthly installments of ten (10%) percent each in September and each month thereafter through and including April. In the event of the withdrawal of a member from East Northport Jewish Center for any reason, all unpaid installments shall become immediately due and payable.			
<b>APPLICATION:</b> Being Of the Jewish faith, according to the tenets of Conservative Judaism, I/We hereby make an application for membership to the East Northport Jewish Center. If accepted, I/We agree to honor the above commitments and adhere to the constitution, by-laws, rules and regulations of the East Northport Jewish Center.			
<b>Signed:</b>		<b>Signed:</b>	
We would be interested in being notified of such activities as (circle all that apply):			
Sisterhood      Men's Club      Adult Education      Religious School PTA      Committee Work      Other			
Please list your relationship to any member of the East Northport Jewish Center:			
Name (First and Last):		Name (First and Last):	
Circle One:		Circle One:	
Relative      Friend      Business Assoc.		Relative      Friend      Business Assoc.	