

Membership Application

THE JEWISH CENTER OF ATLANTIC BEACH

100 Nassau Avenue

Atlantic Beach, NY 11509

Phone: 516-371-0972

Fax: 516-371-5373

Email: jcaboffice@gmail.com

Website: www.jcabonline.org

FOR OFFICE USE ONLY

DATE RECEIVED _____

To Rabbi _____ Rabbi's Approval _____

To Board _____ Board Approval _____

Membership Type _____

C Contact _____ ShulCloud _____ Aliyah Card _____

EM Congrat _____ Welcome Ltr _____ SU Welcome _____

Bar/Bat Mitzvah _____ Pmt Recd/Processed _____

Name (Male) Title _____ Last _____ First _____

Name (Female) Title _____ Last _____ First _____

Primary Residence Street _____ City/State _____ Zip _____

Summer/Winter Residence Street _____ City/State _____ Zip _____

To which address should we send mail? _____

Marital Status _____ Anniversary _____ / _____ / _____
Mo Day Year

If divorced, who arranged the *Get* (religious divorce)? _____

MALE APPLICANT Date of birth _____ / _____ / _____

FEMALE APPLICANT Date of birth _____ / _____ / _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Mobile Phone _____

Mobile Phone _____

Email _____

Email _____

Occupation _____

Occupation _____

Hebrew Name: _____

Hebrew Name: _____

(English Spelling)

(English Spelling)

Father's name _____

Mother's name _____

Father's name _____

Mother's name _____

English: _____

English: _____

Hebrew: _____

Hebrew: _____

Check one:

Cohen

Levi

Yisrael

Maiden Name: _____

Bar Mitzvah Parasha _____

Are there any conversions or adoptions in your immediate family?

If yes, please explain and provide a copy of all relevant documents:

(Please be sure to answer this question even if answer is NO)

Please attach a recent
individual passport-sized
photo of EACH adult
applicant in this space.

Photos can also be submitted by
email to jcaboffice@gmail.com

| CHILDREN LIVING AT HOME | | | | | | |
|-------------------------|------------|----------------|--------|--------|-------|--------------------------------|
| Full Name | Birth Date | *Time of Birth | Gender | School | Grade | Hebrew Name (English Spelling) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

***IMPORTANT: Approx Time of birth is NEEDED to calculate your child's correct Bar/Bat Mitzvah Date!**

| CHILDREN LIVING ON THEIR OWN | | | | |
|------------------------------|------------|--------------------|------------------------|--------------------------------|
| Full Name | Birth Date | Place of Residency | Spouse/No. of Children | Hebrew Name (English Spelling) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Yahrzeit Record (additional names may be written in on the back of this page)

| | | |
|---|--------------------|----------------------------------|
| Name of Departed <i>(please include name of departed's father)</i> | Date of Passing | Relationship (Specify applicant) |
| English | Secular (MM/DD/YY) | |
| Hebrew (English Spelling) | Jewish (MM/DD/YY) | |
| English | Secular (MM/DD/YY) | |
| Hebrew (English Spelling) | Jewish (MM/DD/YY) | |
| English | Secular (MM/DD/YY) | |
| Hebrew (English Spelling) | Jewish (MM/DD/YY) | |
| English | Secular (MM/DD/YY) | |
| Hebrew (English Spelling) | Jewish (MM/DD/YY) | |
| English | Secular (MM/DD/YY) | |
| Hebrew (English Spelling) | Jewish (MM/DD/YY) | |

Previous & or/other Congregational Affiliation (Name & City) _____

How Long? _____ Outstanding financial obligations? Yes No

If yes, please explain _____

Member Interests

We encourage our membership to play an active role in Synagogue life. Please use family member initials to indicate the areas in which members of your family have an interest in participating).

| | | |
|--|--|--|
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Membership | <input type="checkbox"/> Music/Instrument |
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Kiddush Prep/Setup | <input type="checkbox"/> Torah Reading/Leading Tefilla |
| <input type="checkbox"/> Youth Programming | <input type="checkbox"/> Holiday Programming | <input type="checkbox"/> Chessed Opportunities |
| <input type="checkbox"/> Library | <input type="checkbox"/> Ritual Committee/Gabbai | <input type="checkbox"/> Chevra Kadisha |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Young Adult Programming | <input type="checkbox"/> Other (please indicate) _____ |

ANNUAL DUES:

| |
|---|
| Full Membership Family \$1650 + \$50 for Men's Club & Sisterhood Dues = \$1700 |
| Single \$825 + \$25 for Men's Club or Sisterhood Dues = \$850 |

Annual Dues Commitment: \$_____

I/we hereby apply for membership in the Jewish Center of Atlantic Beach. If elected to membership I/we will conform to and obey the constitution, by-laws and other rules and regulations of the Congregation now in force or hereafter to be adopted. I/we agree to contribute a minimum of \$1,500.00 to the Building Fund over a maximum period of five years. This pledge will not be in effect until the second year of membership. As a member, I/we shall be entitled to all the rights and privileges set forth in the by-laws of the Congregation.

Applicant Signature: _____

Date _____