

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 _____ / _____ / _____

Home Phone _____

Work Phone _____

Mobile Phone _____

Email _____

Occupation _____

Hebrew Name: _____
(English Spelling)

Father's name Mother's name

English: _____

Hebrew: _____

Check one:

☐ Cohen ☐ Levi ☐ Yisrael

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)

FEMALE APPLICANT Date of birth _____ / _____ / _____

Home Phone _____

Work Phone _____

Mobile Phone _____

Email _____

Occupation _____

Hebrew Name: _____
(English Spelling)

Father's name Mother's name

English: _____

Hebrew: _____

Maiden Name: _____

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 (please include name of departed's father)	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) _____	_____

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).

___ Leadership	___ Membership	___ Music/Instrument
___ Adult Education	___ Kiddush Prep/Setup	___ Torah Reading/Leading Tefilla
___ Youth Programming	___ Holiday Programming	___ Chessed Opportunities
___ Library	___ Ritual Committee/Gabbai	___ Chevra Kadisha
___ Special Events	___ Young Adult Programming	___ 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
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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 _____