

# THE JEWISH CENTER

Affiliated with United Synagogue for Conservative Judaism

435 Nassau Street  
Princeton, NJ 08540  
Temple: 609-921-0100  
School: 609-921-7207

## MEMBER APPLICATION & INFORMATION

Fax: 609-921-7531  
[www.thejewishcenter.org](http://www.thejewishcenter.org)

Thank you for your application and welcome to The Jewish Center. Please take the time to complete this application thoroughly. This information will be used for Congregational purposes only and will allow us to:

- communicate more effectively with our congregants
- develop programming that will address our congregants' needs
- increase the involvement of our congregants based on their interests and areas of expertise

Please see the attached listing of Membership Categories, Annual Dues, Capital Assessments, and requirements and attach a check for 25% or more of your first year's dues with this completed application. If you wish to request financial assistance, please contact the Administrative Director at 609-921-0100 x205.

Please make sure to complete the Membership Application Supplement insert, as well as this form.

Again, thank you and **WELCOME TO THE JEWISH CENTER**. We are glad you are here!

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### PERSONAL INFORMATION

	Adult #1	Adult #2
Preference (circle one)	Mr. Mrs. Ms. Other	Mr. Mrs. Ms. Other
First Name (as you want it to appear)		
Last Name (as you want it to appear)		
Home Street Address (Only list once if same for both Adults)		
City, State, Zip		
Home Phone		
Preferred E-mail Address		
Cell Phone Number		
Date of Birth		
Gender	M F	M F
Marital Status (circle one)	Single Partners Separated Married Remarried Divorced Engaged Widowed	Single Partners Separated Married Remarried Divorced Engaged Widowed
Date of Marriage (if applicable)		
Secondary Address	Start Date: End Date:	Start Date: End Date:
Secondary Street Address		
Secondary City, State, Zip		

	Adult #1	Adult #2
Secondary Phone		
Physical Restrictions (circle any which apply)	Vision, Hearing, Mobility, Other	Vision, Hearing, Mobility, Other
Do you or any member of your family have an acute medical problem that you would like the Rabbi to be aware of?	No Yes (please describe briefly):	No Yes (please describe briefly):
Do you have any family members who are living in Greenwood House or other local assisted living facilities?	No Yes (please identify facility):	No Yes (please identify facility):
Synagogue Membership (circle one)	<ul style="list-style-type: none"> <li>• Family</li> <li>• Single Parent Family</li> <li>• Single</li> <li>• Young Family Option under age 32</li> <li>• Young Single Option under age 32</li> <li>• Senior Citizen (age 65 ): Family or Single</li> </ul>	<ul style="list-style-type: none"> <li>• Family</li> <li>• Single Parent Family</li> <li>• Single</li> <li>• Young Family Option under age 32</li> <li>• Young Single Option under age 32</li> <li>• Senior Citizen (age 65 ): Family or Single</li> </ul>
Do you want to be included in the Membership Directory? (for congregational use only)	Yes      No	Yes      No

### EMPLOYMENT and VOLUNTEER INFORMATION

	Adult #1	Adult #2
Occupation or Profession		
Employer		
Self-employed (circle one)	Yes      No	Yes      No
Business Street Address		
City, State, Zip		
Business Phone		
Business E-mail Address		
Specialized Skills or Expertise		
List charitable organizations where you volunteer (outside The Jewish Center)		

### RELIGIOUS TRADITION

	Adult #1	Adult #2
Hebrew Name (use English lettering and include parents' Hebrew Names)	_____ <i>ben/bat</i> (your Hebrew name) _____ and _____ (father's name)      (mother's name)	_____ <i>ben/bat</i> (your Hebrew name) _____ and _____ (father's name)      (mother's name)
Hebrew Tribe (circle one)	Kohen      Levite      Israelite	Kohen      Levite      Israelite
Religious Status (check one)	Jewish by Birth _____ Jewish by Choice (if yes, list date, place, and officiating Rabbi) _____ _____ Non Jewish _____	Jewish by Birth _____ Jewish by Choice (if yes, list date, place, and officiating Rabbi) _____ _____ Non Jewish _____
Your Bar/Bat Mitzvah Date		

	<b>Adult #1</b>	<b>Adult #2</b>
Do you read Torah?	Yes No	Yes No
Do you read Haftarah?	Yes No	Yes No
Can you lead a section of the service?	Yes (Please specify) No	Yes (Please specify) No
Would you like to teach a class? (Please circle all that apply)	Nursery School Religious School Jr. Congregation Bar/Bat Mitzvah Students Adult Education Other Title of Class _____	Nursery School Religious School Jr. Congregation Bar/Bat Mitzvah Students Adult Education Other Title of Class _____
Do you own a cemetery plot? (If YES, please list location)	Yes No	Yes No
Previous Congregation City and State		

### Yahrzeit Information

	<b>Adult #1</b>	<b>Adult #2</b>
Name of Deceased		
Relationship		
English Date of Death		
Hebrew Date of Death (Yahrzeit) if known		
Name of Deceased		
Relationship		
English Date of Death		
Hebrew Date of Death (Yahrzeit) if known		
Name of Deceased		
Relationship		
English Date of Death		
Hebrew Date of Death (Yahrzeit) if known		
Name of Deceased		
Relationship		
English Date of Death		
Hebrew Date of Death (Yahrzeit) if known		

### CHILDREN LIVING AT HOME

(If you have more than three children, please attach an additional page.)

	<b>Child #1</b>	<b>Child #2</b>	<b>Child #3</b>
First & Last Name			
Hebrew Name			

	Child #1	Child #2	Child #3
Gender	M F	M F	M F
Relationship to:	Adult #1: Adult #2:	Adult #1: Adult #2:	Adult #1: Adult #2:
Primary Residential Address (if different from Adult 1 & 2)			
Child's e-mail address			
Date of Birth			
Religious Status (check one)	Jewish by Birth _____ Jewish by Choice (if yes, list date, place, and officiating Rabbi _____) _____ Non Jewish _____	Jewish by Birth _____ Jewish by Choice (if yes, list date, place, and officiating Rabbi _____) _____ Non Jewish _____	Jewish by Birth _____ Jewish by Choice (if yes, list date, place, and officiating Rabbi _____) _____ Non Jewish _____
Currently Attends TJC Nursery School?	Yes No	Yes No	Yes No
Current School Grade at time of application	Public Private Jewish Day Circle one and list grade & school name	Public Private Jewish Day Circle one and list grade & school name	Public Private Jewish Day Circle one and list grade & school name
Current Jewish Center Religious School Grade at time of application			
Special Needs (Please describe)			
Bar/Bat Mitzvah Date			
Confirmation Year			
Attend Camp Ramah	Yes No	Yes No	Yes No
Interest in Children's Choir (Sheket)	Yes No	Yes No	Yes No

### COLLEGE STUDENTS

	Child #1	Child #2	Child #3
First & Last Name			
Hebrew Name			
Gender	M F	M F	M F
Birth Date			
Bar/Bat Mitzvah Date			
Name of College & School Address			
Student's E-mail Address			
Year of College Graduation			

### CHILDREN NOT LIVING AT HOME

	Child #1	Child #2	Child #3
First & Last Name			
Hebrew Name			
Gender	M F	M F	M F
Date of Birth			
Street Address			
City, State, Zip			
Home Phone			
E-mail Address			

# THE JEWISH CENTER

## Membership Application Supplement

Family Name \_\_\_\_\_ Date \_\_\_\_\_

**Your involvement is welcomed in all areas of synagogue life. Committees meet throughout the year and need volunteers to help with a variety of activities and tasks. We invite you to choose one or more of the committees listed below on which you might like to serve or even participate on a limited or one-time basis. The Congregation is extremely grateful for any participation you provide. Thank you in advance!**

**INTERESTS: P= would like to participate    C=would serve on committee    E=experienced in this area**

	Adult #1			Adult #2		
Adult Bar/Bat Mitzvah Class						
Adult Education Committee						
Adult Ed/Adult Hebrew Classes						
Arts & Cultural Affairs Committee						
Bikkur Holim (Visiting the Sick)						
Casserole Donation Program						
Choir: Adult (La Shir)						
Finance Committee						
Fund Raising Committee						
Grow and Learn Summer Camp						
House Committee						
Human Resources Committee						
Inclusiveness Committee (Interfaith)						
Israeli Affairs Committee						
Jewish Center Women						
Library: Adult or Children's	Adult	Children	Both	Adult	Children	Both
Long Range Planning Committee						
Membership Committee						
Men's Club						
Nursery School						
Religious Affairs Committee						
Religious School Committee						
Singles Programming						
Silver Circle						
Social Concerns Committee						
Youth and Family Programs Committee						
USY						
OTHER (describe)						