

MEMBERSHIP

application

ADULT 1

Last _____ First _____ MI _____ Gender: M F DOB ___/___/___
 Circle one: Mr. Mrs. Miss. Ms. Dr. Rabbi Cantor Marital Status: Married Single Divorced Widowed Partners
 Date of Marriage _____
 Street _____ Apt. _____ City _____ State _____ Zip _____
 Home Phone (____) _____ Cell Phone (____) _____ I/We are new to the area: YES NO
 E-mail: Home _____ Business _____
 Company _____ Occupation _____ Bus. Phone (____) _____
 Bus. Address: Street _____ City _____ State _____ Zip _____
 Billing E-mail (if different from above): _____
 Religious Background: Born Jewish Jewish by Choice Other Hebrew Name _____
 Father's Hebrew Name _____ Mother's Hebrew Name _____
 Ritual Skills: Had Bar/Bat Mitzvah Read Hebrew Speak Hebrew Lead Services Sing in Choir Read Torah Chant Haftarah

ADULT 2

Last _____ First _____ MI _____ Gender: M F DOB ___/___/___
 Circle one: Mr. Mrs. Miss. Ms. Dr. Rabbi Cantor Marital Status: Married Single Divorced Widowed
 Cell Phone (____) _____
 E-mail: Home _____ Business _____
 Company _____ Occupation _____ Bus. Phone (____) _____
 Bus. Address: Street _____ City _____ State _____ Zip _____
 Religious Background: Born Jewish Jewish by Choice Other Hebrew Name _____
 Father's Hebrew Name _____ Mother's Hebrew Name _____
 Ritual Skills: Had Bar/Bat Mitzvah Read Hebrew Speak Hebrew Lead Services Sing in Choir Read Torah Chant Haftarah

IN CASE OF EMERGENCY

Name _____ Phone (____) _____ Cell (____) _____ Relationship _____
 Name _____ Phone (____) _____ Cell (____) _____ Relationship _____



435 Nassau Street, Princeton, NJ 08540
office 609.921.0100 *fax* 609.921.7531 *school* 609.921.7207
email info@thejewishcenter.org



www.thejewishcenter.org

CHILDREN (still living at home)

| First Name | M.I. | Last Name | Bar/Bat Mitzvah Date | Sex | DOB | School | Grade |
|--|------|-----------|----------------------|-----|-----|--------|-------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Special Needs? (Please Describe) _____ | | | | | | | |

CHILDREN (NOT living at home)

| First Name | M.I. | Last Name | Sex | DOB | |
|------------|------|-----------|-----|-----|--|
| | | | | | <input type="checkbox"/> Single <input type="checkbox"/> Married |
| | | | | | <input type="checkbox"/> Single <input type="checkbox"/> Married |
| | | | | | <input type="checkbox"/> Single <input type="checkbox"/> Married |
| | | | | | <input type="checkbox"/> Single <input type="checkbox"/> Married |

Yahrzeit Information**ADULT 1****ADULT 2**

| | | |
|--|--|--|
| Name of Deceased | | |
| Relationship | | |
| English Date of Death | | |
| <input type="checkbox"/> Before sundown <input type="checkbox"/> After sundown | | |

MEMBERSHIP

| |
|---|
| <input type="checkbox"/> Household <input type="checkbox"/> Young Member (age 35 & under or preschool family) <input type="checkbox"/> Senior Household (age 65+) <input type="checkbox"/> Exploratory <input type="checkbox"/> Single <input type="checkbox"/> Single Parent <input type="checkbox"/> Senior Single (Age 65+) |
| Amount \$ _____ |
| Referred By _____ Staff Approval _____ |

METHOD OF PAYMENT

See attached Commitment Form



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