



718-591-5353 www.ICCJ2004.org

MEMBERSHIP APPLICATION

FAMILY INFORMATION	Adult 1 - <input type="checkbox"/> Male <input type="checkbox"/> Female	Adult 2 - <input type="checkbox"/> Male <input type="checkbox"/> Female
First and Last Name		
Home Address		
City, State, Zip		
Home Phone Number		
Seasonal Home Address		
City, State, Zip		
Seasonal Phone Number		
Cell Phone Number		
Fax Number		
E-mail Address		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated		
Anniversary Date		
Birthday - mm/dd		
Occupation		

Other family relation to be contacted in case of emergency:

Name _____

Relationship _____ **Phone Number** _____

Please complete below to the best of your ability

FAMILY RECORD INFORMATION						
Hebrew Name						
Father's Hebrew Name						
Mother's Hebrew Name						
Religious Lineage	<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Israel	<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Israel				
CHILDREN						
English Name	Hebrew Name	Date of Birth	Bar/Bat Mitzvah Date	Torah Portion (Parsha)	School/College	Grade Level

(OVER PLEASE)

Yahrzeit Observance

Name of Deceased	Date of Death		Relationship to	
	Hebrew	English	Member 1	Member 2

SYNAGOGUE INTERESTS	Member 1	Member 2		Member 1	Member 2
Adult Education			Membership		
Building Maintenance (House)			Men's Club		
Catering – in house			Monthly Bulletin		
Chaverim			Ohr Chadash Religious School		
Chesed			Programming		
Exercise			Public Relations		
Finance			Religious Affairs		
Fundraising			Sisterhood		
Golden Age Club			Social Action		
Holocaust Memorial			Social Media		
Israel Affairs			Young Families		
Library			Youth Group - USY		

Please list any special talents (Torah reading or Haftorah chanting, lead services, sing, play an instrument, computer, etc.).

By signing this application, I/We understand that I/We are responsible for all financial obligations that I/We incur with Israel Center of Conservative Judaism. *(Please refer to attached Dues Schedule)*

Enclosed is \$_____ for my/our annual membership dues for the fiscal (7/1 – 6/30) year

Signature of Applicant

Signature of Applicant

Date _____

Date _____

How did you hear about ICCJ? _____