

Young Israel of East Brunswick Associate Membership Application

FORM A

GENERAL INFORMATION SUBMITTED ON THIS FORM WILL BE SHARED AS NECESSARY, WITH THOSE APPROPRIATE, FOR THE PURPOSE OF MAINTAINING SHUL RECORDS. BOTH FORMS, A AND B, MUST BE COMPLETED. SEE FORM B FOR MORE INFORMATION.

Applicants for Associate Membership must qualify. The following is a general description of what is required. For a complete list of requirements, entitlements and restrictions of Associate Membership, please email membershipcommittee@yieb.org.

- ◆ An applicant, whose primary residence is within Middlesex County, must maintain full membership in good standing at another synagogue (AKA primary synagogue-see below) within Middlesex County. Applicants are required to provide YIEB with written acknowledgement of such.
- ◆ Primary synagogue must be located within Middlesex County and must be recognized as a non-profit organization by the township in which it is located and hold a Certificate of Occupancy as obtained from said township which reflects the right of legal public assembly therein. Primary synagogue must also be recognized as a 501(c) (3) non-profit religious organization by the IRS.
- ◆ Primary synagogue must collect annual dues.
- ◆ Primary synagogue must conduct prayer services not less frequently than weekly.
- ◆ An applicant whose primary residence is outside of Middlesex County need not be required to provide proof of membership at another synagogue.

If you and your primary synagogue meet the above requirements or if your primary residence is outside of Middlesex County, please proceed:

Applicant 1: Last name: _____
English name: _____ Bar Mitzvah Parsha: _____
Hebrew name: _____ Cohen Levi Yisrael
Father's Hebrew name: _____ Mother's Hebrew name: _____

**Applicant 2/
Spouse:** Last name: _____ Hebrew name: _____
English name: _____ Mother's Hebrew name: _____
Father's Hebrew name: _____

Home Address: _____ Home Phone: _____
_____ Fax: _____

Cell Phone: Applicant 1: _____ Applicant 2: _____

Email (for YIEB postings): _____

Children:

	English name	Hebrew name	M/F	Date of birth	School and Grade
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

Shul Activity: Please identify with **H** (husband) or **W** (wife) any of the following activities of interest:

- | | | | |
|----------------|-------------------------|------------------------|--------------|
| _____ Layning | _____ Religious Affairs | _____ Publicity | _____ Youth |
| _____ Haftarah | _____ Adult Education | _____ Shul Maintenance | _____ Mikvah |
| _____ Davening | _____ Fundraising | _____ Sisterhood | _____ Eruv |

How did you hear about the Young Israel of East Brunswick? _____

Annual dues for Associate Members are \$220.00. Initial dues for Associate Members must be paid in full with this application. Thereafter, annual payment is due upon receipt of billing invoice. Should payment become overdue more than 90 days, collection procedures may be instituted. I/we agree to pay legal costs and reasonable attorney's fees for collection of same.

If you have any questions regarding this application, please call the Shul office at (732) 254-1860 or email membershipcommittee@yieb.org.

Please return your completed application along with written acknowledgement of full membership at your primary synagogue (not applicable to those residing outside of Middlesex County) and a check made payable to: Young Israel of East Brunswick - 193 Dunhams Corner Road - East Brunswick, NJ 08816 Attn: VP Membership

Signature (Applicant 1)

Signature (Applicant2/Spouse)

Date

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FORM B

**THIS FORM WILL BE REVIEWED BY THE RABBI ONLY.
ALL INFORMATION SUBMITTED ON THIS FORM WILL BE KEPT STRICTLY CONFIDENTIAL.**

Applicant 1: Last name: _____ First name: _____
Date of birth: _____

Applicant 2: Last name: _____ First name: _____
Date of birth: _____

Marital Status: Single Divorced Widowed Married Date of Marriage: _____
If divorced, please submit a copy of the get along with this form.

Any conversions within the family? No Yes
If yes: Self Spouse Child(ren) Parent Grandparent
If yes, please submit a copy of the conversion certificate along with this form.

Job Information:

	Applicant 1	Applicant 2/Spouse
Occupation:	_____	_____
Address:	_____	_____
Phone:	_____	_____

Current/Prior Synagogue Affiliation:

Name: _____ Address: _____
Membership Status: _____

Please return this completed form to:

Young Israel of East Brunswick
193 Dunhams Corner Road
East Brunswick, NJ 08816
Attn: RABBI

You may submit this form separately or along with Form A. The YIEB secretary will forward this form only to the Rabbi if submitted together. Membership will not be considered unless both forms are completed.

If you have any questions regarding this application, please call the shul office at (732) 254-1860 or email rabiweinstein@yieb.org.

Signature (Applicant 1) Signature (Applicant2/Spouse) Date