

Young Israel of East Brunswick 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.

Membership Categories: Family (\$1,150.00) Senior (\$600.00) Individual (\$600.00)

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: _____
 English name: _____ Hebrew name: _____
 Father's Hebrew name: _____ Mother'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.	_____	_____	_____	_____	_____

Yahrzeit Information: (attach a separate page if necessary)

	#1	#2	#3	#4
English name:	_____	_____	_____	_____
Hebrew Name: (e.g. Yaakov ben Yitzchak)	_____	_____	_____	_____
Hebrew date of death:	_____	_____	_____	_____
English date of death:	_____	_____	_____	_____
Relationship & to whom:	_____	_____	_____	_____
Postal notification:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Inclusion in bulletin:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

- | | | | |
|----------------|-------------------------|------------------------|--------------|
| _____ Laying | _____ 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 Family, Senior and Individual categories are payable in a variety of payment options. Please fill out attached One Bill Form with payment preference and submit with application. Should collection procedures be necessary, I/we agree to pay legal costs and reasonable attorney's fees for collection of same.

Building fund assessment is \$600 annually for the first 6 years of membership (\$3,600 total) and is payable per the payment schedule preference you choose (see attached One Bill Form).

Special circumstances information should be discussed, if necessary, with the Special Circumstances Committee and will be kept confidential. Please contact Judy Silber at 732-390-6596 for more information.

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 your One Bill Form to:
Young Israel of East Brunswick - 193 Dunhams Corner Road - East Brunswick, NJ 08816 Attn: VP Membership
Please make check(s) payable to "Young Israel of East Brunswick."

Signature (Applicant 1)

Signature (Applicant2/Spouse)

Date

(5-2011) Young Israel of East Brunswick

Young Israel of East Brunswick Membership Application

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