

East Midwood Jewish Center

1625 Ocean Avenue, Brooklyn, NY 11230 ▪ 718-338-3800 ▪ Fax 718- 253-6971 ▪ www.emjc.org

Affiliated with The United Synagogue of Conservative Judaism

MEMBERSHIP APPLICATION

I (we) hereby apply for membership in the East Midwood Jewish Center and agree to abide by its Constitution and by-laws.

APPLICANT

SPOUSE

NAME _____

NAME _____

ADDRESS (and apt. no.) _____

CITY, STATE, ZIP CODE _____

HOME TELEPHONE NO. _____

APPLICANT

SPOUSE

EMAIL _____

EMAIL _____

OCCUPATION** _____

OCCUPATION** _____

BUSINESS/

BUSINESS/

FIRM NAME _____

FIRM NAME _____

BUSINESS PHONE NO. _____

BUSINESS PHONE NO. _____

DATE OF BIRTH _____

DATE OF BIRTH _____

HEBREW NAME _____

HEBREW NAME _____

ben/bat _____

Father mother

ben/bat _____

Father mother

Are you Kohen Levi Yisrael

Are you Kohen Levi Yisrael

**If retired, please indicate your principle occupation(s) during your working career, and note "retired"

WEDDING ANNIVERSARY DATE _____

FORMER SYNAGOGUE AFFILIATIONS _____

(Indicate whether Orthodox, Conservative, Reform)

AFFILIATIONS WITH OTHER JEWISH ORGANIZATIONS _____

DO YOU OWN A FAMILY CEMETERY PLOT? IF SO, WHERE? _____

Signature of applicant

date

Signature of spouse

date

CHILDREN

First Name

Last Name
(if different)

Birth Date

Hebrew Name

COMMITTEE INTERESTS

(check all that apply)

APPLICANT

- | | |
|--|---|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Bulletin | <input type="checkbox"/> Library |
| <input type="checkbox"/> Catering | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Cemetery | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Constitution/By-laws | <input type="checkbox"/> Ritual Committee |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Social Committee |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Talmud Torah |
| <input type="checkbox"/> Gym/Pool | <input type="checkbox"/> Ushers |
| <input type="checkbox"/> High Holy Day Tickets | <input type="checkbox"/> Younger Families |
| <input type="checkbox"/> House/Maintenance | <input type="checkbox"/> Youth Activities |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Visiting |
| <input type="checkbox"/> Kol Nidre Appeal | |

SPOUSE

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| <input type="checkbox"/> Kol Nidre Appeal | |

SYNAGOGUE SKILLS

(check all that apply)

APPLICANT

- | | | |
|--|--|---------------------------------|
| <input type="checkbox"/> Read Torah | <input type="checkbox"/> Read Haftarah | |
| <input type="checkbox"/> Lead Shacharit | <input type="checkbox"/> Mincha | <input type="checkbox"/> Maariv |
| <input type="checkbox"/> Lead Sabbath Services | | |
| <input type="checkbox"/> Kabbalat Shabbat (Friday evening) | | |
| <input type="checkbox"/> P'sukei D'zimra | | |
| <input type="checkbox"/> Shacharit | <input type="checkbox"/> Musaf | |
| <input type="checkbox"/> Lead High Holy Day Services | | |

SPOUSE

- | | | |
|--|--|---------------------------------|
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| <input type="checkbox"/> Lead High Holy Day Services | | |

Special talents, interests, or areas or expertise. Topics about which you would be willing to speak or programs you would be interested in leading;

Yahrzeit Information

Relative of _____ Relationship _____

Name of Deceased _____
(English) (Hebrew)

Date of Death _____
(English m/d/yr) (Hebrew m/d/yr)

Cemetery _____

Memorial Plaque at EMJC? ____ Yes ____ No

Relative of _____ Relationship _____

Name of Deceased _____
(English) (Hebrew)

Date of Death _____
(English m/d/yr) (Hebrew m/d/yr)

Cemetery _____

Memorial Plaque at EMJC? ____ Yes ____ No

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