



An Inclusive, Egalitarian Synagogue in the Conservative Tradition
1625 Ocean Avenue, Brooklyn, NY 11230 – 718-338-3800 – Fax 718-253-6971
info@emjc.org www.emjc.org facebook.com/emjc.org

MEMBERSHIP APPLICATION

Please fill in below, and e-mail to info@emjc.org, fax to 718-253-6971, or mail or hand-deliver to 1625 Ocean Avenue, Brooklyn, NY 11230.

I (we) hereby apply for membership in the East Midwood Jewish Center.

NAME _____	NAME _____
HOME PHONE _____	HOME PHONE _____
CELL PHONE _____	CELL PHONE _____
E-MAIL _____	E-MAIL _____
ADDRESS (and apt. no.) _____	
CITY, STATE, ZIP CODE _____	

CHILDREN (IF APPLICABLE)

First Name	Last Name (if different)	Birth Date	Hebrew Name (If Applicable)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

We are very glad that you have joined EMJC, and we hope you'll share more info, as we get to know you as part of our community:

How did you hear about us: _____

Are you a veteran of the military?: _____

Our community is open to people of all abilities. If there are any accommodations needed in order to be fully included, please provide information below, or contact our office.

OCCUPATION** _____
BUSINESS/
FIRM NAME _____

BUSINESS PHONE NO. _____

DATE OF BIRTH _____

HEBREW NAME _____

Ben/Bat _____
Father Mother

Are you ___Kohen ___Levi ___Yisrael

OCCUPATION** _____
BUSINESS/
FIRM NAME _____

BUSINESS PHONE NO. _____

DATE OF BIRTH _____

HEBREW NAME _____

Ben/Bat _____
Father Mother

Are you ___Kohen ___Levi ___Yisrael

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

WEDDING ANNIVERSARY DATE _____

FORMER SYNAGOGUE AFFILIATIONS _____
(Indicate whether Orthodox, Conservative, Reform or Reconstructionist)

AFFILIATIONS WITH OTHER JEWISH ORGANIZATIONS _____

ACTIVITY INTERESTS (check all that apply):

We hope you'll enjoy activities at EMJC. Please let us know what interests you & we'll follow up with more info!

- | | | |
|---|---|---|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Interfaith | <input type="checkbox"/> Room J School of Jewish Learning (ages 3-12) |
| <input type="checkbox"/> Archives | <input type="checkbox"/> Interfaith | <input type="checkbox"/> Room J School of Jewish Learning (ages 3-12) |
| <input type="checkbox"/> Bulletin | <input type="checkbox"/> Insurance | <input type="checkbox"/> Shabbat Katan (twice monthly services for young children & families) |
| <input type="checkbox"/> Cemetery | <input type="checkbox"/> Kol Nidre Appeal | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Constitution/By-Laws | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Facilities/Maintenance | <input type="checkbox"/> Library | <input type="checkbox"/> Talmud Torah |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Lunch and Learn | <input type="checkbox"/> Ushers |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Membership | <input type="checkbox"/> Younger Families |
| <input type="checkbox"/> Gym and Pool | <input type="checkbox"/> Minyan | <input type="checkbox"/> Youth and Teen Activities |
| <input type="checkbox"/> High Holy Day Tickets | <input type="checkbox"/> NightShul | <input type="checkbox"/> Visiting the Sick |
| | <input type="checkbox"/> Publicity | <input type="checkbox"/> Website and Social Media |
| | <input type="checkbox"/> Ritual Committee | |

ACTIVITY INTERESTS AT SERVICES:

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

OTHER TALENTS, INTERESTS OR EXPERTISE: Topics about which you would be willing to speak or programs you would be interested in leading or attending – or items above that you'd like to learn more about:

Yahrzeit & Cemetery Information

If you're interested: we can also help you with obtaining a cemetery plot, and honoring the memory of loved ones.

Do you own a family cemetery plot? If so, where? _____
Are you interested in learning more about EMJC cemetery plots? ___ Yes ___ No

Yahrzeit Info: Please fill in below if we can help you honor the memory of loved ones:

Relative of _____ Relationship _____
Name of Deceased _____
(English) (Hebrew)
Date of Death _____
(English m/d/yr) (Hebrew m/d/yr)
Cemetery _____
Do you have a Memorial Plaque at EMJC? ___ Yes ___ No
Are you interested in having a 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 _____
Do you have a Memorial Plaque at EMJC? ___ Yes ___ No
Are you interested in having a Memorial Plaque at EMJC? ___ Yes ___ No

Relative of _____ Relationship _____
Name of Deceased _____
(English) (Hebrew)
Date of Death _____
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Do you have a Memorial Plaque at EMJC? ___ Yes ___ No
Are you interested in having a Memorial Plaque at EMJC? ___ Yes ___ No

SIGNATURES & PAYMENT INFORMATION

ANNUAL MEMBERSHIP FEE: FAMILY \$1,000.00 SINGLE \$500.00

First year optional discount -50% Second year optional discount -25%

Installment payments accepted: Please select your choice ___Monthly ___Quarterly

If paying by Check: Please make your check out to East Midwood Jewish Center.

If paying by Credit Card: We can accept Visa, MasterCard or Discover at www.emjc.org/donate – click “Other”
- or call us at 718-338-3800

If this payment would present a hardship: please contact the EMJC President or Executive Director
at 718-338-3800 or info@emjc.org

**All members automatically receive our weekly newsletter and bi-monthly bulletin by e-mail.
If you would also like to receive hard copies by regular mail, please check here _____**

Signature **Date**

Signature **Date**

**Please send completed forms by e-mail to info@emjc.org, fax to 718-253-6971,
or mail or hand-deliver to 1625 Ocean Avenue, Brooklyn, NY 11230**