



HERJC Membership Application & Contract

295 Main Street / East Rockaway, NY 11518 / 516-599-2634 / www.herjc.org
 Fax 516-599-2851; E-mail: office@herjc.org

Last Name

Co-Applicant Last Name (if different)

Address

City, State, Zip + 4

Applicant: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	Co Applicant: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.
<i>First Name</i>	<i>First Name</i>
<i>Home Phone(s)</i>	<i>Home Phone(s)</i>
<i>Cell Phone(s)</i>	<i>Cell Phone(s)</i>
<i>E-mail Address</i>	<i>E-mail Address</i>
<i>Fax</i>	<i>Fax</i>
<i>Birth Date</i>	<i>Birth Date</i>
<i>Hebrew Name</i>	<i>Hebrew Name</i>
<i>Father's Hebrew Name / Mother's Hebrew Name</i>	<i>Father's Hebrew Name / Mother's Hebrew Name</i>
<i>Occupation / Nature of Business / Position</i>	<i>Occupation / Nature of Business / Position</i>
<i>Business Name</i>	<i>Business Name</i>
<i>Business Address</i>	<i>Business Address</i>
<i>Business Phone</i>	<i>Business Phone</i>
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
<i>Marriage Date / Previous or Maiden Name</i>	<i>Marriage Date / Previous or Maiden Name</i>
Jewish Education: Tribe: <input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisrael <input type="checkbox"/> Bar/Bat Mitzvah <input type="checkbox"/> Jewish Day School/Yeshiva: _____ years <input type="checkbox"/> Afternoon Religious School: _____ years <input type="checkbox"/> Read Hebrew <input type="checkbox"/> Speak Hebrew <input type="checkbox"/> Lead Services <input type="checkbox"/> Sing in Choir <input type="checkbox"/> Read Torah <input type="checkbox"/> Chant Haftarah <input type="checkbox"/> Not Jewish	Jewish Education: Tribe: <input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisrael <input type="checkbox"/> Bar/Bat Mitzvah <input type="checkbox"/> Jewish Day School/Yeshiva: _____ years <input type="checkbox"/> Afternoon Religious School: _____ years <input type="checkbox"/> Read Hebrew <input type="checkbox"/> Speak Hebrew <input type="checkbox"/> Lead Services <input type="checkbox"/> Sing in Choir <input type="checkbox"/> Read Torah <input type="checkbox"/> Chant Haftarah <input type="checkbox"/> Not Jewish

Yahrzeit Information

<i>Name</i>	<i>Relationship</i>	<i>Date of Death</i>	<i>Sundown</i>	<i>Hebrew Date (if known)</i>
			<input type="checkbox"/> Before <input type="checkbox"/> After	
			<input type="checkbox"/> Before <input type="checkbox"/> After	
			<input type="checkbox"/> Before <input type="checkbox"/> After	
			<input type="checkbox"/> Before <input type="checkbox"/> After	
			<input type="checkbox"/> Before <input type="checkbox"/> After	
			<input type="checkbox"/> Before <input type="checkbox"/> After	

Children's Information

<i>First & Middle Name</i>	<i>Sex M/F</i>	<i>Hebrew Name</i>	<i>Birth Date</i>	<i>Current School & Grade</i>	<i>Spouse</i>

Relatives in Congregation and relationship to applicant

Special Skills, Interests, Memberships, Associations, Offices, Honors

Name & Community of Previous Congregation(s)
Activities and positions in previous congregations:

Applicant:

Co-Applicant:

I/We would like to participate in (Please use initials to indicate Applicant and Co-Applicant):

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> <input type="checkbox"/> Adult Education | <input type="checkbox"/> <input type="checkbox"/> Sisterhood | <input type="checkbox"/> <input type="checkbox"/> Ritual Committee | <input type="checkbox"/> <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> <input type="checkbox"/> Board of Education | <input type="checkbox"/> <input type="checkbox"/> Men's Club | <input type="checkbox"/> <input type="checkbox"/> Adult Choir | <input type="checkbox"/> <input type="checkbox"/> Social Action |
| <input type="checkbox"/> <input type="checkbox"/> Nursery Parents' Assn. | <input type="checkbox"/> <input type="checkbox"/> Couples' Club | <input type="checkbox"/> <input type="checkbox"/> House Committee | <input type="checkbox"/> <input type="checkbox"/> Israel Affairs/ UJA |
| <input type="checkbox"/> <input type="checkbox"/> Religious School PA | <input type="checkbox"/> <input type="checkbox"/> Dinner Dance/Journal | <input type="checkbox"/> <input type="checkbox"/> Membership | <input type="checkbox"/> <input type="checkbox"/> Publicity |
| <input type="checkbox"/> <input type="checkbox"/> Youth Activities | <input type="checkbox"/> <input type="checkbox"/> College Youth | <input type="checkbox"/> <input type="checkbox"/> Other _____ | |

I/We hereby accept membership in the Hewlett-East Rockaway Jewish Centre and agree to comply and be bound by the Constitution and By-Laws of the Congregation. I/We understand that this membership continues until the Congregation receives written resignation or this membership is otherwise terminated pursuant to the Constitution and By-Laws.

Signature of Applicant

Signature of Co-Applicant

Date