

FAMILY NAME \_\_\_\_\_ Date \_\_\_\_\_

FAMILY ADDRESS \_\_\_\_\_

**Congregation Etz Chaim/Hewlett-East Rockaway Jewish Centre Membership Application & Contract  
295 Main Street, East Rockaway, NY 11518 (516) 599-2634, Fax (516) 599-2851**

	Applicant: Mr. Ms. Mrs.	Co Applicant: Mr. Ms. Mrs.
Last Name		
First Name and Middle Initial		
Home Phone(s)		
Cell Phone(s)		
Fax		
E-mail Address		
Birth Date		
Hebrew Name		
Father's Hebrew Name		
Mother's Hebrew Name		
Occupation/Nature of Business		
Business Name		
Business Address		
Business Phone		
Position		
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Divorced
Marriage Date / /	Previous or Maiden Name	
Name and Community of Previous Congregations _____ _____ _____	<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisrael <input type="checkbox"/> Bar/Bat Mitzva <input type="checkbox"/> Jewish Day School or Yeshiva/yrs ____ <input type="checkbox"/> Afternoon Religious School/yrs ____ <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 Tora <input type="checkbox"/> Chant Haftora	<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisrael <input type="checkbox"/> Bar/Bat Mitzva <input type="checkbox"/> Jewish Day School or Yeshiva/yrs ____ <input type="checkbox"/> Afternoon Religious School/yrs ____ <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 Tora <input type="checkbox"/> Chant Haftora

Relatives in Congregation and relationship to applicant \_\_\_\_\_

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

**Yahrzeit Information**

Name	Relationship	Date of Death	Sundown	Hebrew Date (if known)
			<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**

First and Middle Name	Sex M/F	Hebrew Name	Birth Date	Current School and Grade	Spouse

**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"/> Other _____                               |   |
| <input type="checkbox"/> Other _____                                     |  | <input type="checkbox"/> Other _____                               |   |

I/We hereby accept membership in the Hewlett-East Rockaway Jewish Centre/Congregation Etz Chaim, 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date