

Congregation Bnai Yeshurun 641 West Englewood Avenue Teaneck, NJ 07666

Phone 201-836-8916 Fax 201-836-1888 Email office@bnaiyeshurun.org

MEMBERSHIP APPLICATION

NAME _____
(FIRST AND LAST, INCLUDING ANY TITLES.)

HOME ADDRESS _____

HOME TELEPHONE _____ **HOME FAX** _____ **EMAIL** _____

DATE OF BIRTH _____ **MARITAL STATUS** _____ **DATE OF MARRIAGE** _____

HEBREW NAME (Include your parents' Hebrew names - e.g. Yitzchak ben Avraham and Sara)

WERE YOU BORN JEWISH? YES / NO (if no, please provide details of conversion)

OCCUPATION _____

BUSINESS NAME _____

ADDRESS _____ **CITY/STATE/ZIP** _____

TELEPHONE _____ **CELL PHONE** _____

SPOUSE'S NAME _____
(FIRST AND LAST, INCLUDING ANY TITLES)

DATE OF BIRTH _____ **EMAIL** _____

HEBREW NAME (Include your parents' Hebrew names - e.g. Yitzchak ben Avraham and Sara)

WERE YOU BORN JEWISH? YES / NO (If no, please provide details of conversion)

OCCUPATION _____

BUSINESS NAME _____

ADDRESS _____ **CITY/STATE/ZIP** _____

TELEPHONE _____ **CELL PHONE** _____

UNMARRIED CHILDREN

_____ **MALE/FEMALE**
ENGLISH NAME _____ **DATE OF BIRTH** _____

_____ **MALE/FEMALE**
ENGLISH NAME _____ **DATE OF BIRTH** _____

_____ **MALE/FEMALE**
ENGLISH NAME _____ **DATE OF BIRTH** _____

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ENGLISH NAME _____ **DATE OF BIRTH** _____

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ENGLISH NAME _____ **DATE OF BIRTH** _____

_____ **MALE/FEMALE**
ENGLISH NAME _____ **DATE OF BIRTH** _____

MARRIED CHILDREN

NAME _____ SPOUSE'S NAME _____

NAME _____ SPOUSE'S NAME _____

NAME _____ SPOUSE'S NAME _____

NAME _____ SPOUSE'S NAME _____

Yahrzeits

ENGLISH NAME _____ HEBREW NAME _____

SECULAR DATE OF DEATH _____ HEBREW DATE _____

YOUR RELATIONSHIP TO THE DECEASED _____

ENGLISH NAME _____ HEBREW NAME _____

SECULAR DATE OF DEATH _____ HEBREW DATE _____

YOUR RELATIONSHIP TO THE DECEASED _____

ENGLISH NAME _____ HEBREW NAME _____

SECULAR DATE OF DEATH _____ HEBREW DATE _____

YOUR RELATIONSHIP TO THE DECEASED _____

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SECULAR DATE OF DEATH _____ HEBREW DATE _____

YOUR RELATIONSHIP TO THE DECEASED _____

(IF MORE ROOM IS NEEDED, PLEASE USE ANOTHER SHEET OF PAPER)

Would you be willing to extend hospitality to a visitor or new resident for *Shabbat*?

MEALS _____ SLEEPING ACCOMODATIONS _____ NUMBER OF PEOPLE _____
MALE _____ FEMALE _____ EITHER _____ BOTH _____ MARRIED _____

Please indicate any interest in the following:

- | | |
|-----------------------------|--------------------------------|
| _____ Adult Education | _____ High Holiday Seating |
| _____ <i>Bikkur Cholim</i> | _____ New Members Welcome |
| _____ <i>Chevra Kadisha</i> | _____ Religious Committee |
| _____ Dinner Committee | _____ <i>Tomchei Shabbos</i> |
| _____ <i>Eruv</i> | _____ <i>Yom Kippur Appeal</i> |
| _____ Fund Raising | _____ Youth Committee |

Membership Dues (Fiscal year June 1st to May 31st)

Membership is effective upon approval by the Board of Directors and receipt of first dues payment.
Please return application with your check.

- \$1100.00 per family
- \$550.00 singles

Building Fund payable over 5 years

\$6,000.00 per family

\$3,000.00 singles

- **Young Members Discount – If you (and your spouse, where applicable) are below the age of 33 you may apply for the Young Members Discount. This entitles you to pay half membership for the first two years of membership and to defer the building fund for the first two years of membership. After the first two years, membership will go up the then-current full amount and you will be responsible to begin paying the then-current building fund.**

Are you interested in the Young Members Discount? Yes / No

We/I apply for full membership in Congregation Bnai Yeshurun and accept the financial obligations as set by the synagogue and agree to abide by the Constitution and By-laws.

Applicant's Signature

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