



## MEMBERSHIP APPLICATION

### Adult Member (1)

**Title:** \_\_\_\_\_ **Marital Status**  Single  Married  Divorced  Widowed  Other

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Wedding Anniversary \_\_\_\_/\_\_\_\_/\_\_\_\_

First Name \_\_\_\_\_ Family Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Home Fax # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell Phone # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Phone Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Business Fax Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Business Address \_\_\_\_\_

Jewish Lineage  Kohen  Levi  Yisrael

Father's Hebrew Name \_\_\_\_\_ Mother's Hebrew Name \_\_\_\_\_

### Adult Member (2)

**Title:** \_\_\_\_\_ **Marital Status**  Single  Married  Divorced  Widowed  Other

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Wedding Anniversary \_\_\_\_/\_\_\_\_/\_\_\_\_

First Name \_\_\_\_\_ Family Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Home Fax # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell Phone # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Phone Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Business Fax Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Business Address \_\_\_\_\_

Jewish Lineage  Kohen  Levi  Yisrael

Father's Hebrew Name \_\_\_\_\_ Mother's Hebrew Name \_\_\_\_\_

Preferred Mailing Label Title: (Judy and Robert Smith, Dr. Judy Katz and Mr. Robert Smith, Mr. & Mrs. Robert Smith, etc.)

Have you been members of any other congregation?  Yes  No

Affiliation:  Orthodox  Conservative  Reform  \_\_\_\_\_

I/we hereby accept the obligation to contribute \$2,500.00 to the New Member Building Fund of the Westchester Jewish Center as follows: \$500.00 per year for 5 years.

Affiliated (Date) \_\_\_\_\_ Signature \_\_\_\_\_

Affiliated (Date) \_\_\_\_\_ Signature \_\_\_\_\_



**CHILDREN'S INFORMATION**

*(If children are adopted or born to a non-Jewish mother, please indicate here\_\_\_\_\_ so that the Rabbi may contact you in confidence.)*

**CHILDREN LIVING AT HOME**

English Name                      Hebrew Name                      Birth Date                      School Attending                      Grade

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**CHILDREN IN COLLEGE, GRADUATE SCHOOL, OR AWAY FROM HOME**

English Name                      Hebrew Name                      Birth Date                      College/Univ/Address                      Expected Grad.Date

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**MARRIED CHILDREN**

Name                      Spouse                      Grandchildren's Names                      Ages

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**APPLICANT'S YAHRZEIT INFORMATION**

We would like to inform you on an annual basis, prior to the yahrzeit of a loved one, when to light the candle and when to attend the minyan to recite kaddish. Please indicate the necessary information. If you do not know the Hebrew date of death, we will be able to establish the correct date on your behalf.

Name of Loved One                      Relationship                      English Date of Death                      Hebrew Date of Death  
(Incl. Year/Time of Day)

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