

**MEMBERSHIP**

# application

**ADULT 1**

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Gender:  M  F DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Circle one: Mr. Mrs. Miss. Ms. Dr. Rabbi Cantor      Marital Status:  Married  Single  Divorced  Widowed  Partners  
Date of Marriage \_\_\_\_\_

Street \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ I/We are new to the area:  YES  NO

E-mail: Home \_\_\_\_\_ Business \_\_\_\_\_

Company \_\_\_\_\_ Occupation \_\_\_\_\_ Bus. Phone (\_\_\_\_) \_\_\_\_\_

Bus. Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing E-mail (if different from above): \_\_\_\_\_

Religious Background:  Born Jewish  Jewish by Choice  Other Hebrew Name \_\_\_\_\_

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

Ritual Skills:  Had Bar/Bat Mitzvah  Read Hebrew  Speak Hebrew  Lead Services  Sing in Choir  Read Torah  Chant Haftarah

**ADULT 2**

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Gender:  M  F DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Circle one: Mr. Mrs. Miss. Ms. Dr. Rabbi Cantor      Marital Status:  Married  Single  Divorced  Widowed

Cell Phone (\_\_\_\_) \_\_\_\_\_

E-mail: Home \_\_\_\_\_ Business \_\_\_\_\_

Company \_\_\_\_\_ Occupation \_\_\_\_\_ Bus. Phone (\_\_\_\_) \_\_\_\_\_

Bus. Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Religious Background:  Born Jewish  Jewish by Choice  Other Hebrew Name \_\_\_\_\_

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

Ritual Skills:  Had Bar/Bat Mitzvah  Read Hebrew  Speak Hebrew  Lead Services  Sing in Choir  Read Torah  Chant Haftarah

**IN CASE OF EMERGENCY**

Name _____	Phone (____) _____	Cell (____) _____	Relationship _____
Name _____	Phone (____) _____	Cell (____) _____	Relationship _____



435 Nassau Street, Princeton, NJ 08540  
*office* 609.921.0100 *fax* 609.921.7531 *school* 609.921.7207  
*email* info@thejewishcenter.org



[www.thejewishcenter.org](http://www.thejewishcenter.org)

**CHILDREN (still living at home)**

First Name	M.I.	Last Name	Bar/Bat Mitzvah Date	Sex	DOB	School	Grade
Special Needs? (Please Describe) _____							

**CHILDREN (NOT living at home)**

First Name	M.I.	Last Name	Sex	DOB	
					<input type="checkbox"/> Single <input type="checkbox"/> Married
					<input type="checkbox"/> Single <input type="checkbox"/> Married
					<input type="checkbox"/> Single <input type="checkbox"/> Married
					<input type="checkbox"/> Single <input type="checkbox"/> Married

**Yahrzeit Information****ADULT 1****ADULT 2**

Name of Deceased		
Relationship		
English Date of Death		
<input type="checkbox"/> Before sundown <input type="checkbox"/> After sundown		

**MEMBERSHIP**

<input type="checkbox"/> Household <input type="checkbox"/> Young Member (age 35 & under or preschool family) <input type="checkbox"/> Senior Household (age 65+) <input type="checkbox"/> Exploratory <input type="checkbox"/> Single <input type="checkbox"/> Single Parent <input type="checkbox"/> Senior Single (Age 65+)
Amount \$ _____
Referred By _____ Staff Approval _____

**METHOD OF PAYMENT**

See attached Commitment Form



435 Nassau Street, Princeton, NJ 08540  
*office* 609.921.0100 *fax* 609.921.7531 *school* 609.921.7207  
*email* info@thejewishcenter.org

[www.thejewishcenter.org](http://www.thejewishcenter.org)