

# Montebello Jewish Center

34 Montebello Road, Montebello, New York 10901

Phone: (845) 357-2430 Fax: (845) 357-1043

## MEMBERSHIP APPLICATION

PLEASE PRINT:

DATE: \_\_\_\_\_

### Member A.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name \_\_\_\_\_

Hebrew Name: First: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Father's Hebrew Name: First: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Tribe: Kohen: \_\_\_\_\_ Levi: \_\_\_\_\_ Israelite: \_\_\_\_\_ Convert: \_\_\_\_\_

Mother's Hebrew Name: First: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Level of Hebrew Education: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Telephone #: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

### Member B:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name \_\_\_\_\_

Hebrew Name: First: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Father's Hebrew Name: First: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Tribe: Kohen: \_\_\_\_\_ Levi: \_\_\_\_\_ Israelite: \_\_\_\_\_ Convert: \_\_\_\_\_

Mother's Hebrew Name: First: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Level of Hebrew Education: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Telephone #: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

### Children:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Hebrew Name: First: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Ben/Bat: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

If Married, Spouse's Name: \_\_\_\_\_

Student At: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name \_\_\_\_\_

Hebrew Name: First: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Ben/Bat: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

If Married, Spouse's Name: \_\_\_\_\_

Student At: \_\_\_\_\_

**Children:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name \_\_\_\_\_

Hebrew Name: First: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Ben/Bat: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

If Married, Spouse's Name: \_\_\_\_\_

Student At: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name \_\_\_\_\_

Hebrew Name: First: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Ben/Bat: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

If Married, Spouse's Name: \_\_\_\_\_

Student At: \_\_\_\_\_

**Yahrzeits:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Hebrew Name: First: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Ben/Bat: \_\_\_\_\_

Tribe: Kohen: \_\_\_\_\_ Levi: \_\_\_\_\_ Israelite: \_\_\_\_\_

Date of Death: Hebrew: \_\_\_\_\_ Secular: \_\_\_\_\_ Relationship: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Hebrew Name: First: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Ben/Bat: \_\_\_\_\_

Tribe: Kohen: \_\_\_\_\_ Levi: \_\_\_\_\_ Israelite: \_\_\_\_\_

Date of Death: Hebrew: \_\_\_\_\_ Secular: \_\_\_\_\_ Relationship: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Hebrew Name: First: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Ben/Bat: \_\_\_\_\_

Tribe: Kohen: \_\_\_\_\_ Levi: \_\_\_\_\_ Israelite: \_\_\_\_\_

Date of Death: Hebrew: \_\_\_\_\_ Secular: \_\_\_\_\_ Relationship: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Hebrew Name: First: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Ben/Bat: \_\_\_\_\_

Tribe: Kohen: \_\_\_\_\_ Levi: \_\_\_\_\_ Israelite: \_\_\_\_\_

Date of Death: Hebrew: \_\_\_\_\_ Secular: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please put any additional children or Yahrzeits on another sheet.**

**Please indicate if you have held any offices for other Jewish Organizations:**

**Member A's list:**

**Member B's list:**

---

---

---

---

---

---

**Committee Preference:** (choose three and number in order of your preference)

**Member A.**

Adult Education:	___	Board of Ed:	___	Kiddush:	___	Cemetery:	___
Fund Raising:	___	House/Facilities:	___	Ritual:	___	Sunshine:	___
Phone Squad:	___	Sisterhood:	___	Men's Club:	___	Social Action:	___
New Membership:	___	Youth Activities:	___	Decorating:	___	Holiday Planning:	___
Publicity:	___	MJC Web Site:	___	Technology:	___	Voice/Kolenu:	___
Jr. Cong:	___	Plaques/Dedications:	___	Visiting the sick:	___	Long Range Planning	___

Skills that you would be willing to volunteer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Member B.**

Adult Education:	___	Board of Ed:	___	Kiddush:	___	Cemetery:	___
Fund Raising:	___	House/Facilities:	___	Ritual:	___	Sunshine:	___
Phone Squad:	___	Sisterhood:	___	Men's Club:	___	Social Action:	___
New Membership:	___	Youth Activities:	___	Decorating:	___	Holiday Planning:	___
Publicity:	___	MJC Web Site:	___	Technology:	___	Voice/Kolenu:	___
Jr. Cong:	___	Plaques/Dedications:	___	Visiting the sick:	___	Long Range Planning	___

Skills that you would be willing to volunteer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a cemetery plot: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If not, would you like information on MJC's cemetery? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**TO MEMBERSHIP COMMITTEE:**

I (We) hereby apply for membership in Montebello Jewish Center, Montebello, New York and if accepted for membership, agree to abide by the Constitution & By-Laws of the Synagogue. I declare that each person listed in this application is of the Jewish faith according to Jewish law and is of good moral character.

We hereby acknowledge that we have been informed of all the financial obligations of membership in Montebello Jewish Center. If we choose to terminate our membership, we will notify the Synagogue in writing and we agree to be responsible for any financial obligations incurred for that fiscal year. We also agree to pay for any and all damage to the Synagogue's property willfully or negligently caused by any member of our family.

Signed By: \_\_\_\_\_ Dated: \_\_\_\_\_

Signed By: \_\_\_\_\_ Dated: \_\_\_\_\_

---

**FOR OFFICE USE ONLY:**

Approved By: Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_