

Shelter Rock Jewish Center

272 Shelter Rock Road, Roslyn, NY 11576
 (516) 741-4305 fax: (516) 741-0802
 www.srjc.org E-mail: admin@srjc.org

Office use only	
WL _____	B/M _____
MC/S _____	File _____
Rolo _____	HS _____
YB _____	BT _____
Memb _____	PT _____
RS _____	SH _____

MEMBERSHIP APPLICATION

DATE: _____

Mr. | Ms. | Mrs. _____

Mr. | Ms. | Mrs. _____

DATE OF BIRTH: _____

DATE OF BIRTH: _____

HEBREW NAME: _____

HEBREW NAME: _____

Son/Daughter of: Kohen _____ Levi _____

Son/Daughter of: Kohen _____ Levi _____

Jewish by: Birth _____ Conversion _____

Jewish by: Birth _____ Conversion _____

For converts to Judaism, please list the name of the rabbi who supervised
 the conversion _____ Date _____

For converts to Judaism, please list the name of the rabbi who supervised
 the conversion _____ Date _____

Home Address: _____

Home Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

E-mail Address: _____

E-mail Address: _____

Name of Employer: _____

Name of Employer: _____

Work Address: _____

Work Address: _____

Work Phone: _____

Work Phone: _____

WEDDING ANNIVERSARY (if applicable): _____

CHILDREN

Name/Hebrew Name	Gender	Date of Birth	Will attend SRJC Rel. School	Will attend Day School (Name of School)
_____	M F	_____	_____	_____
_____	M F	_____	_____	_____
_____	M F	_____	_____	_____
_____	M F	_____	_____	_____

Yahrzeit Remembrance Date

Name	Relationship	Date of Death
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I can chant Haftarah _____ I can read Torah _____ I can lead daily minyanim services _____

We encourage our members to participate in our minyanim and at least one of the committees listed below. Please indicate your special interests so that you may be contacted by a committee chairperson.

Adult Choir _____	Green _____	Religious School _____
Adult Education _____	Library _____	Religious School PTA _____
Bikur Cholim _____	Membership _____	Simcha & Chagim _____
Bulletin _____	Men's Club _____	Sisterhood _____
Education _____	Nursery School _____	Social Action _____
Fundraising _____	Publicity _____	Youth Activities (USY) _____
Hebrew High School _____	Publications _____	Youth Choir _____

Is there any other area of synagogue life in which you are particularly interested?

Any synagogue office previously held? _____

Personal Interests, Talents & Hobbies _____

I (we) hereby acknowledge my (our) obligation as a member of Shelter Rock Jewish Center to pay when billed all dues, assessments, tuition, bar/bat mitzvah and other fees levied by the Board of Trustees and/or Membership in accordance with the Constitution and By-Laws of the Shelter Rock Jewish Center. I (we) understand that no High Holy Day tickets will be distributed until my (our) account is paid in full (unless noted otherwise by Shelter Rock Jewish Center's Financial Secretary). Fees are subject to change.

Signature: _____ Date: _____

Signature: _____ Date: _____