Young Israel of East Brunswick Membership Application

HUSBAND: Last Name: _____
English name: _____ Bar Mitzvah Parsha _____
Hebrew Name: _____ Cohen ❑ Levi ❑ Yisrael ❑
Father's Hebrew Name: _____ Mother's Hebrew Name: _____

WIFE: English name: _____ Father's Hebrew name: _____
Hebrew name: _____ Mother's Hebrew name: _____

ADDRESS: _____ PHONE #: _____
DATE OF MARRIAGE (mm/dd/yy): _____ E-MAIL: _____ FAX#: _____

Job Information

	Husband	Wife
OCCUPATION:	_____	_____
ADDRESS:	_____	_____
PHONE:	_____	_____
BIRTHDATE (mm/dd/yy):	_____	(mm/dd/yy): _____

Children (attach a separate page if necessary)

	English name	Hebrew name	Date of birth
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Yahrzeit Information (attach a separate page if necessary)

	#1	#2	#3	#4
English name:	_____	_____	_____	_____
Hebrew Name: (e.g. Yaakov ben Yitzchak)	_____	_____	_____	_____
Hebrew date of death:	_____	_____	_____	_____
English date of death:	_____	_____	_____	_____
Relationship & to whom:	_____	_____	_____	_____
Postal notification:	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑
Inclusion in bulletin:	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑

SHUL ACTIVITY: Please identify with **H** (husband) or **W** (wife) any of the following activities of interest:

____ Layning	_____ Religious Affairs	_____ Publicity	_____ Youth
____ Haftorah	_____ Adult Education	_____ Shul Maintenance	_____ Mikvah
____ Davening	_____ Fundraising	_____ Sisterhood	_____ Eruv

Annual dues of $1150 are payable in a variety of payment options. Please fill out attached Payment Options Letter with payment preference and submit with application. Should collection procedures be necessary, I/we agree to pay legal costs and reasonable attorney's fees for collection of same. Special circumstances information should be discussed, if necessary, with the Special Circumstances Committee and will be kept confidential.

Building fund assessment is $600 annually for the first 6 years of membership ($3600 total) and is payable per the payment schedule preference you choose (see attached payment options letter).

If you have any questions regarding this application, please contact Harris Bram (Shul President) at president@yieb.org or Jeff Perlman (Membership Vice President) at membershipcommittee@yieb.org.

Please return your completed application along with your payment preference (see attached letter) payable to the Young Israel of East Brunswick to the Young Israel of East Brunswick – 193 Dunhams Corner Road- East Brunswick, NJ 08816 Attn: Jeff Perlman

_____ _____ _____
Signature Signature Date