

Pelham Jewish Center

Membership Application

Date: _____

Membership Category*: Family Individual Senior Family (65 and over)
 Senior Individual (65 and over) Junior (under 40)
 Associate (Dual Synagogue Member) * [Please see definitions on last page]

Home Address: _____ Home Phone: _____
_____ Cell Phone: _____ (#1)
_____ Cell Phone: _____ (#2)
Email: _____ (#1) _____ (#2)

May we send all PJC communications to you via e-mail exclusively, with the exception of those deemed inappropriate for email, such as confidential information or letters from the Rabbi? Yes No

	Adult #1	Adult #2
Name First, Last, Middle	_____	_____
Hebrew Name Yours _____ Father's _____ Mother's _____	<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisrael _____	<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisrael _____
Date of Birth	_____	_____
Occupation/ Specialization	_____	_____
Business	Phone: _____ Email: _____	Phone: _____ Email: _____
Previous Synagogue Affiliation(s)	<input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Reform	<input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Reform
Jewish	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes":	<input type="checkbox"/> By Birth <input type="checkbox"/> By Choice	<input type="checkbox"/> By Birth <input type="checkbox"/> By Choice
If "By Choice":	Rabbi: _____ Date: _____	Rabbi: _____ Date: _____
Marital status: _____	If married, anniversary date: _____	

Name(s) to be used on address label: _____

How did you hear about the PJC? _____

Children: (please use the last page for additional names or to provide additional information)

Number: _____ Are you planning to enroll them in the PJC Learning Center? Yes No

	Child #1	Child #2	Child #3
Name	_____	_____	_____
Date of birth	_____ <input type="checkbox"/> Pre-Sunset <input type="checkbox"/> Post-Sunset	_____ <input type="checkbox"/> Pre-Sunset <input type="checkbox"/> Post-Sunset	_____ <input type="checkbox"/> Pre-Sunset <input type="checkbox"/> Post-Sunset
Hebrew name	_____	_____	_____
Name of school (including college)	_____	_____	_____
Address (if different)	_____	_____	_____
Telephone number (if different)	_____	_____	_____
Name of religious school/attendance dates	_____	_____	_____
Parent other than Adult #1 or Adult #2	_____	_____	_____
If converted, date and Rabbi	_____	_____	_____

Please list the *yahrzeits* of loved ones (use back for additional space)

Name	Yahrzeit Observer	Relationship to Observer	Date of Death	Hebrew Name
_____	_____	_____	_____ <input type="checkbox"/> Pre-Sunset <input type="checkbox"/> Post-Sunset	_____
_____	_____	_____	_____ <input type="checkbox"/> Pre-Sunset <input type="checkbox"/> Post-Sunset	_____
_____	_____	_____	_____ <input type="checkbox"/> Pre-Sunset <input type="checkbox"/> Post-Sunset	_____
_____	_____	_____	_____ <input type="checkbox"/> Pre-Sunset <input type="checkbox"/> Post-Sunset	_____

Please list the name and relationship to you of any **adult dependents** who live with you:

Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____

Physical restrictions: If you or any member of your household has physical restrictions or needs that require our special attention, please let us know by indicating here: _____

Welcome to the PJC!

A great way to meet new people, share your passions and get involved is to join one of our committees. Let us know if you would be interested in participating in one or more particular committees by checking it/them off, below. Or, if there's something you'd like to see that isn't listed, please write us a note, below.

	<u>Adult #1</u>	<u>Adult #2</u>		<u>Adult #1</u>	<u>Adult #2</u>
Adult Education	<input type="checkbox"/>	<input type="checkbox"/>	Programming - Religious	<input type="checkbox"/>	<input type="checkbox"/>
Chesed★	<input type="checkbox"/>	<input type="checkbox"/>	Programming - Youth	<input type="checkbox"/>	<input type="checkbox"/>
Communications	<input type="checkbox"/>	<input type="checkbox"/>	Religious Practices	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	Social Action	<input type="checkbox"/>	<input type="checkbox"/>
Finance & Budget	<input type="checkbox"/>	<input type="checkbox"/>	Shabbaton	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	Young Families	<input type="checkbox"/>	<input type="checkbox"/>
House Management	<input type="checkbox"/>	<input type="checkbox"/>	Other, describe (below):	<input type="checkbox"/>	<input type="checkbox"/>
Membership	<input type="checkbox"/>	<input type="checkbox"/>			

★ Visiting the sick, caring for the community, providing meals for families in time of need and/or celebration.

Additional committees, in which I am interested, that I recommend for consideration:

As you know, the PJC is a small congregation. Much of the congregation's work is done by volunteers. Please indicate where you might be able and willing to assist:

<u>Skills and Services</u>	<u>Adult #1</u>	<u>Adult #2</u>	<u>Goods</u>	<u>Adult #1</u>	<u>Adult #2</u>
Carpentry	<input type="checkbox"/>	<input type="checkbox"/>	Books	<input type="checkbox"/>	<input type="checkbox"/>
Decorating/Design	<input type="checkbox"/>	<input type="checkbox"/>	Carpeting	<input type="checkbox"/>	<input type="checkbox"/>
Finance/Accounting	<input type="checkbox"/>	<input type="checkbox"/>	Computer Hardware	<input type="checkbox"/>	<input type="checkbox"/>
Grant Writing	<input type="checkbox"/>	<input type="checkbox"/>	Computer Software	<input type="checkbox"/>	<input type="checkbox"/>
Leading Services	<input type="checkbox"/>	<input type="checkbox"/>	Construction Materials	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	Foods or Beverages	<input type="checkbox"/>	<input type="checkbox"/>
Media Publicity	<input type="checkbox"/>	<input type="checkbox"/>	Furnishings	<input type="checkbox"/>	<input type="checkbox"/>
Musical Ability	<input type="checkbox"/>	<input type="checkbox"/>	Office Supplies	<input type="checkbox"/>	<input type="checkbox"/>
Photography/Video	<input type="checkbox"/>	<input type="checkbox"/>	Paper Goods	<input type="checkbox"/>	<input type="checkbox"/>
Printing	<input type="checkbox"/>	<input type="checkbox"/>	Other, describe (below):	<input type="checkbox"/>	<input type="checkbox"/>
Torah/Haftorah Reading	<input type="checkbox"/>	<input type="checkbox"/>			
Writing/Journalism	<input type="checkbox"/>	<input type="checkbox"/>			

