


GESHER SHALOM

THE JEWISH COMMUNITY CENTER OF FORT LEE

1449 ANDERSON AVE. • FORT LEE, NJ 07024
201/947-1735 • FAX 201/947-1530 • OFFICE@GESHERSHALOM.ORG



Membership Application / Family Record

I/We hereby make application for membership to Congregation Gesh Shalom/The Jewish Community Center of Fort Lee (Center) and agree to abide by its Constitution, By-laws, rules and regulations, a copy of which is available to me/us upon request. My/our membership will continue from fiscal year to year unless it is terminated by me/us or the Center in accordance with its Constitution, By-laws, rules and regulations.

I/We agree to pay all annual dues, fees & obligations promptly and in accordance with Center policy.

Applicant's Signature

Date: _____

Applicant's Signature (Spouse)

Date: _____

APPROVED : _____
Vice-President, *Membership*

Date: _____

APPROVED : _____
Board of Trustees, *Recording Secretary*

Date: _____

MALE				FEMALE											
NAME (PRINT) LAST		FIRST, MI		TITLE (Mr., Dr., etc.)		NAME (PRINT) LAST		FIRST, MI		TITLE (Mrs., Ms., Dr., etc.)					
ADDRESS						ADDRESS									
CITY				STATE	ZIP CODE		CITY				STATE	ZIP CODE			
SECOND HOME ADDRESS						SECOND HOME ADDRESS									
CITY				STATE	ZIP CODE		CITY				STATE	ZIP CODE			
HOME PHONE		CELLULAR PHONE		FAX		BUSINESS PHONE		HOME PHONE		CELLULAR PHONE		FAX		BUSINESS PHONE	
E-MAIL ADDRESS						EMAIL ADDRESS									
BIRTH DATE				HEBREW NAME				BIRTH DATE				HEBREW NAME			
MO.		DAY		YEAR				MO.		DAY		YEAR			
MARITAL STATUS				WEDDING DATE				MARITAL STATUS				WEDDING DATE			
<input type="checkbox"/> MARRIED		<input type="checkbox"/> SINGLE		<input type="checkbox"/> DIVORCED				<input type="checkbox"/> MARRIED		<input type="checkbox"/> SINGLE		<input type="checkbox"/> DIVORCED			
<input type="checkbox"/> SEPARATED		<input type="checkbox"/> WIDOWED				MO.		DAY		YEAR		<input type="checkbox"/> SEPARATED		<input type="checkbox"/> WIDOWED	
DO YOU HAVE ANY PHYSICAL RESTRICTIONS THAT WE SHOULD BE AWARE OF?						DO YOU HAVE ANY PHYSICAL RESTRICTIONS THAT WE SHOULD BE AWARE OF?									
YOUR SKILLS OR EXPERTISE				OCCUPATION CODE (SEE BELOW)				YOUR SKILLS OR EXPERTISE				OCCUPATION CODE (SEE BELOW)			
EMPLOYER NAME (CURRENTLY OR BEFORE YOUR RETIREMENT)						EMPLOYER NAME (CURRENTLY OR BEFORE YOUR RETIREMENT)									
ADDRESS				STATE	ZIP CODE		ADDRESS				STATE	ZIP CODE			
(Please check {✓} one or more.)						(Please check {✓} one or more.)									
<input type="checkbox"/> Officer		<input type="checkbox"/> Partner		<input type="checkbox"/> Owner		<input type="checkbox"/> Employee		<input type="checkbox"/> Officer		<input type="checkbox"/> Partner		<input type="checkbox"/> Owner		<input type="checkbox"/> Employee	
JOB TITLE/DESCRIPTION (YOUR CURRENT POSITION OR BEFORE RETIREMENT)						JOB TITLE/DESCRIPTION (YOUR CURRENT POSITION OR BEFORE RETIREMENT)									
NAME OF COLLEGE				DEGREE		YEAR:		NAME OF COLLEGE				DEGREE		YEAR:	
NAME OF GRADUATE OR PROFESSIONAL SCHOOL						NAME OF GRADUATE OR PROFESSIONAL SCHOOL									
		DEGREE		YEAR:						DEGREE		YEAR:			

OCCUPATIONAL CODES

- 01 – Accountant
- 02 – Administrator
- 03 – Advertising
- 04 – Architect
- 05 – Artist
- 06 – Attorney or Judge
- 07 – Author, Writer
- 08 – Automotive _____
- 09 – Banker
- 10 – Builder/Contractor
- 11 – Business Management
- 12 – Clerical
- 13 – Computer Sales
- 14 – Computer Specialist/Consultant
- 15 – Communications
- 16 – Consultant - Type: _____

- 17 – Controller
- 18 – Dentist
- 19 – Designer of _____
- 20 – Distributor or Wholesaler of _____
- 21 – Financial
- 22 – Engineer - Type: _____
- 23 – Financial Consultant
- 24 – Financial Manager
- 25 – Homemaker
- 26 – Import/Export of _____
- 27 – Insurance Broker or Agent
- 28 – Interior Designer
- 29 – Investment Banker
- 30 – Jeweler
- 31 – Journalist
- 32 – Manufacturer of _____

- 33 – Manufacturer's Representative
- 34 – Marketing
- 35 – Media
- 36 – Musician
- 37 – Nurse
- 38 – Personnel
- 39 – Pharmacist
- 40 – Photographer
- 41 – Physician - Type: _____
- 42 – Printer
- 43 – Politician
- 44 – Public Administration / Public Service
- 45 – Public Relations
- 46 – Real Estate Developer, Investor
- 47 – Real Estate Agent/Sales
- 48 – Restaurant

- 49 – Retailer of _____
- 50 – Sales, product _____
- 51 – Secretary
- 52 – Social Services
- 53 – Stock Broker
- 54 – Student
- 55 – Teacher of _____
- 56 – Technician
- 57 – Therapist - Type: _____
- 58 – Ticket Agent
- 59 – Transportation / Materials Moving
- 60 – Travel Agent
- 61 – Veterinarian
- 62 – Other _____

RELIGIOUS BACKGROUND

MALE		FEMALE	
JEWISH BY <input type="checkbox"/> BIRTH <input type="checkbox"/> CHOICE <input type="checkbox"/> NOT JEWISH <input type="checkbox"/> COHEN <input type="checkbox"/> LEVI <input type="checkbox"/> ISRAELITE		JEWISH BY <input type="checkbox"/> BIRTH <input type="checkbox"/> CHOICE <input type="checkbox"/> NOT JEWISH <input type="checkbox"/> COHEN <input type="checkbox"/> LEVI <input type="checkbox"/> ISRAELITE	
IF JEWISH BY CHOICE, DATE OF CONVERSION _____ RABBI _____		IF JEWISH BY CHOICE, DATE OF CONVERSION _____ RABBI _____	
FATHER'S HEBREW NAME/ENGLISH NAME	MOTHER'S HEBREW NAME/ENGLISH NAME	FATHER'S HEBREW NAME/ENGLISH NAME	MOTHER'S HEBREW NAME/ENGLISH NAME
YOUR HEBREW NAME		YOUR HEBREW NAME	

MALE

- REFORM ORTHODOX
 CONSERVATIVE NONE

FEMALE

- REFORM ORTHODOX
 CONSERVATIVE NONE

NAME(S) OF PREVIOUS & PRESENT SYNAGOGUE(S) _____ CITY _____ STATE _____ HOW LONG ? _____

NAME(S) OF PREVIOUS & PRESENT SYNAGOGUE(S) _____ CITY _____ STATE _____ HOW LONG ? _____

Yahrzeit Notice

RELATIONSHIP	NAME	HEBREW NAME	DATE DECEASED	TIME OF DEATH	BEFORE SUNDOWN	AFTER SUNDOWN

FRIENDS & RELATIVES

RELATIVES WHO ARE NOW MEMBERS OF THE CENTER:

Name _____	Relationship _____
_____	_____
_____	_____

FRIENDS WHO ARE NOW MEMBERS OF THE CENTER:

Name _____	_____
_____	_____
_____	_____

DEPENDENT CHILDREN

	CHILD NO. 1	CHILD NO. 2	CHILD NO. 3	CHILD NO. 4
NAME				
HEBREW NAME				
BIRTH DATE				
ADDRESS IF DIFFERENT				
GENDER				
PHYSICAL RESTRICTIONS				
SCHOOL AND GRADE				
IS CHILD ENROLLED IN HEBREW SCHOOL THIS YEAR? GRADE?				
NAME OF COLLEGE (IF APPLICABLE)				
GRADUATION DATE				

NON-DEPENDENT CHILDREN

NON-DEPENDENT CHILDREN – Please list names and addresses of children not living in household:

Name _____ Address _____ City _____ State ____ Zip _____
 Spouse _____ Phone Number _____

Name _____ Address _____ City _____ State ____ Zip _____
 Spouse _____ Phone Number _____

Name _____ Address _____ City _____ State ____ Zip _____
 Spouse _____ Phone Number _____

CONGREGATIONAL ACTIVITIES IN WHICH YOU ARE INTERESTED

- | | | | | | |
|--|---|--|--|---|--|
| <input type="checkbox"/> <input type="checkbox"/> M F
ADVERTISING COMMITTEE | <input type="checkbox"/> <input type="checkbox"/> M F
BUILDING & GROUNDS | <input type="checkbox"/> <input type="checkbox"/> M F
HEBREW SCHOOL | <input type="checkbox"/> <input type="checkbox"/> M F
MINYAN | <input type="checkbox"/> <input type="checkbox"/> M F
SENIOR GROUP | <input type="checkbox"/> <input type="checkbox"/> M F
YOUNG COUPLES |
| <input type="checkbox"/> <input type="checkbox"/> ADULT BAR/BAT MITZVAH | <input type="checkbox"/> <input type="checkbox"/> CARING/SOCIAL ACTION | <input type="checkbox"/> <input type="checkbox"/> HOSPITALITY | <input type="checkbox"/> <input type="checkbox"/> MUSIC | <input type="checkbox"/> <input type="checkbox"/> SINGLE PARENTS | <input type="checkbox"/> <input type="checkbox"/> YOUTH PROGRAMS |
| <input type="checkbox"/> <input type="checkbox"/> ADULT EDUCATION | <input type="checkbox"/> <input type="checkbox"/> COMPUTER COMMITTEE | <input type="checkbox"/> <input type="checkbox"/> ISRAEL & WORLD
ADVOCACY | <input type="checkbox"/> <input type="checkbox"/> NOMINATING | <input type="checkbox"/> <input type="checkbox"/> SINGLES ACTIVITIES | <input type="checkbox"/> <input type="checkbox"/> WELCOME COMMITTEE |
| <input type="checkbox"/> <input type="checkbox"/> ART | <input type="checkbox"/> <input type="checkbox"/> FAMILY PROGRAMS | <input type="checkbox"/> <input type="checkbox"/> LEGAL | <input type="checkbox"/> <input type="checkbox"/> OFFICE VOLUNTEER | <input type="checkbox"/> <input type="checkbox"/> SISTERHOOD | <input type="checkbox"/> <input type="checkbox"/> OTHER |
| <input type="checkbox"/> <input type="checkbox"/> BOARD OF TRUSTEES | <input type="checkbox"/> <input type="checkbox"/> FINANCE, AUDIT & BUDGET | <input type="checkbox"/> <input type="checkbox"/> MARKETING | <input type="checkbox"/> <input type="checkbox"/> PRAYER LEADER
(BA'AL TEFILAH) | <input type="checkbox"/> <input type="checkbox"/> SPECIAL EVENTS | _____ |
| <input type="checkbox"/> <input type="checkbox"/> BEREAVEMENT GROUP | <input type="checkbox"/> <input type="checkbox"/> FUNDRAISING | <input type="checkbox"/> <input type="checkbox"/> MEMBERSHIP GROWTH | <input type="checkbox"/> <input type="checkbox"/> PUBLIC RELATIONS | <input type="checkbox"/> <input type="checkbox"/> STRATEGIC & LONG-
RANGE PLANNING | _____ |
| <input type="checkbox"/> <input type="checkbox"/> BUDGET | <input type="checkbox"/> <input type="checkbox"/> HAFTORAH READER | <input type="checkbox"/> <input type="checkbox"/> MEN'S CLUB | <input type="checkbox"/> <input type="checkbox"/> RITUAL COMMITTEE | <input type="checkbox"/> <input type="checkbox"/> TORAH READER | |

Special talents, skills and interests: _____

CONGREGATION GESHER SHALOM

JEWISH COMMUNITY CENTER OF FORT LEE

Welcome to Our Synagogue Family!

MEMBERSHIP DUES AND FEES

July 1, 2011 – June 30, 2012

What Are Your Dues Used For?

Your membership dues support a professional staff of our Rabbi, Cantor, a Hebrew School, an office staff and many programs. Your membership dues maintain our Synagogue facilities, turn on our lights, heat our building and keep our phones ringing.

Our Shabbat and Holiday services, daily minyan, adult and family education, life cycle rituals and celebrations, programs, counseling . . . all of this is covered by your dues. Your Synagogue dues also subsidize some Hebrew School costs because we believe it is the responsibility of the whole Synagogue community to educate our children.

Our 2011-12 Membership Dues

<i>AGE</i>	<i>FAMILY*</i>	<i>SINGLE</i>
<i>Age 40+</i>	<i>\$1,395</i>	<i>\$815</i>
<i>Age thru 39</i>	<i>\$ 460</i>	<i>\$285</i>

*Dues payable in two installments
50% with your application – 50% by December 1st*

NO BUILDING FUND REQUIRED

** Age of oldest person applies*

Last Name _____ *AMOUNT ENCLOSED \$* _____
(Please print)

Signature _____ *Date* _____

PLEASE SIGN AND RETURN THIS FORM WITH YOUR MEMBERSHIP APPLICATION.