

Financial Obligations

*Please check your choice of Dues Payment Schedule:*

- Full payment (Jan.1st or upon joining)
- Three payments (Jan.1<sup>st</sup>, April 1<sup>st</sup>, July 1<sup>st</sup>)
- Eight equal payments (1/1, 2/1, 3/1, 4/1, 5/1, 6/1, 7/1, 8/1)

**Development Fund:**

Membership in *Adath Israel Congregation* is contingent upon the applicant's agreement to both a dues schedule and a Development fund pledge.

If you are able to increase your Development Fund Pledge and would like to discuss this additional pledge with a representative of the Congregation, \_\_\_\_\_ please check here.

*Please check your choice of Development Fund Payment Schedule:*

- Annually
- Semi-Annually
- Quarterly
- Monthly

All financial commitments must be paid in full by September 1<sup>st</sup> according to your selected options.

I (WE) accept the membership terms as stated above. I (We) further understand that if, at any time, I (we) desire to terminate membership, I (we) shall so advise the Board of Trustees in writing. In the event of such resignation, I (we) agree to pay all sums due for the calendar year in which I (we) resign, together with any arrearages, all to be remitted with the letter of resignation.

Signature(s) \_\_\_\_\_

.....For Office Use.....

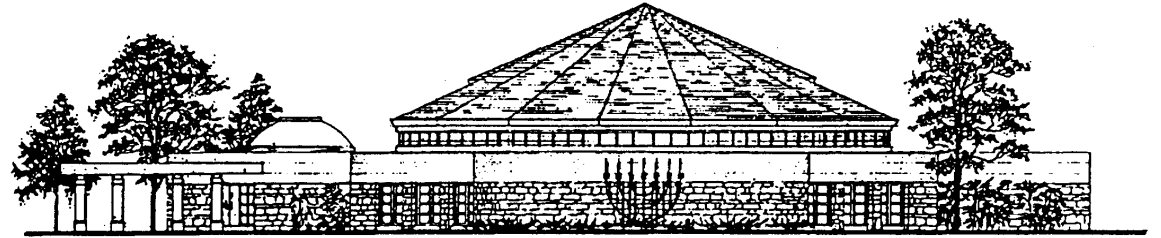
PAYMENT RECEIVED \$ _____		DATE RECEIVED _____	
RABBI _____	HAZZAN _____	MEMBERSHIP CHAIR _____	PRESIDENT _____
EDUCATIONAL DIRECTOR _____		WELCOME LETTER _____ ORIGINAL TO FILE _____	

*Adath Israel Congregation*

1958 Lawrenceville Road Lawrenceville, New Jersey 08648

Phone: 609 - 896 -4977 Fax: 609 - 896 - 1071

[www.adathisraelnj.org](http://www.adathisraelnj.org)



Application for Membership

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

E-mail address(es): \_\_\_\_\_

Cellular Phone(s): \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Home Fax # \_\_\_\_\_

Date of Application: \_\_\_\_\_

The doors of *Adath Israel* are always open for study, prayer, & social activities.

Please feel free to contact the synagogue office with any questions or concerns that you may have regarding membership or dues requirements. It is *Adath Israel Congregation's* policy that no one should be discouraged from membership or receiving religious education for financial reasons. Financial assistance and/or scholarship is available based on need.

You may discuss your individual situation in complete confidence with a representative of the Membership or Dues Committee.

**Applicant Information**

Full Name \_\_\_\_\_ Title \_\_\_\_\_

Male: \_\_\_ Female: \_\_\_ **Family Status:** (Please check)

Single:\_\_\_ Married: \_\_\_ Divorced: \_\_\_ Widow(er) \_\_\_

Hebrew First Name: \_\_\_\_\_ Birthday \_\_\_\_\_

**BAT** (daughter of): \_\_\_\_\_

Father's and Mother's Hebrew Names

(OR)

**BEN** (son of): \_\_\_\_\_

Father's and Mother's Hebrew Names

**Maiden Name** (If Applicable) \_\_\_\_\_

(Please check): Kohane: \_\_\_ Levi: \_\_\_ Israelite: \_\_\_

**Born Jewish:** YES: \_\_\_ NO: \_\_\_

Conversion date: \_\_\_\_\_ Place: \_\_\_\_\_

Conversion Rabbi: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Name and Address: \_\_\_\_\_

My special interests are: \_\_\_\_\_

**Yahrzeit Record**

<u>English/Hebrew Name</u>	<u>Relationship</u>	<u>Date of Death</u> (Time of day, if known)

**Type of Membership Applicable:** Family \_\_\_\_\_ Single: \_\_\_\_\_ Age 33 & Younger: \_\_\_\_\_

**Applicant Information**

Full Name \_\_\_\_\_ Title \_\_\_\_\_

Male: \_\_\_ Female: \_\_\_ **Family Status:** (Please check)

Single:\_\_\_ Married: \_\_\_ Divorced: \_\_\_ Widow(er) \_\_\_

Hebrew First Name: \_\_\_\_\_ Birthday \_\_\_\_\_

**BAT** (daughter of): \_\_\_\_\_

Father's and Mother's Hebrew Names

(OR)

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Conversion date: \_\_\_\_\_ Place: \_\_\_\_\_

Conversion Rabbi: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Name and Address: \_\_\_\_\_

My special interests are: \_\_\_\_\_

**Children Under Age 18**

<u>English Name</u>	<u>Hebrew Name</u>	<u>Birth date</u>	<u>Anticipated Bar/Bat Mitzvah Date</u>

Additional Information May Be Added Here: