



96 Linwood Plaza, #385 • Fort Lee, NJ 07024
201/947-1735 • Fax 201/947-1530 • office@geshetshalom.org



Membership Application / Family Record

I/We hereby make application for membership to Congregation Geshet 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

Applicant's Signature (Spouse)

Date: _____

Date: _____

APPROVED : _____
Vice-President, *Membership*

APPROVED : _____
Board of Trustees, *Recording Secretary*

Date: _____

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											
MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/>			WEDDING DATE			MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/>			WEDDING DATE								
SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/>			MO. DAY YEAR			SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/>			MO. DAY YEAR								
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			YOUR SKILLS OR EXPERTISE			OCCUPATION								
EMPLOYER NAME (CURRENTLY OR BEFORE YOUR RETIREMENT)						EMPLOYER NAME (CURRENTLY OR BEFORE YOUR RETIREMENT)											
ADDRESS				STATE	ZIP CODE		ADDRESS				STATE	ZIP CODE					
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						DEGREE											
YEAR:						YEAR:											

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							
<input type="checkbox"/> REFORM		<input type="checkbox"/> ORTHODOX		<input type="checkbox"/> CONSERVATIVE		<input type="checkbox"/> NONE		<input type="checkbox"/> REFORM		<input type="checkbox"/> ORTHODOX		<input type="checkbox"/> CONSERVATIVE		<input type="checkbox"/> NONE	

NAME OF PREVIOUS OR PRESENT SYNAGOGUE _____ CITY _____ STATE _____ HOW LONG A MEMBER? _____

Yahrzeit Notices

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

Friends & Relatives

RELATIVES WHO ARE NOW MEMBERS OF THE CENTER:

FRIENDS WHO ARE NOW MEMBERS OF THE CENTER:

Name _____ Relationship _____

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				

Congregational Activities in Which You Are Interested

- | | | | | | |
|--|--|--|---|---|---|
| <input type="checkbox"/> <input type="checkbox"/> M F ADULT EDUCATION | <input type="checkbox"/> <input type="checkbox"/> M F FAMILY PROGRAMS | <input type="checkbox"/> <input type="checkbox"/> M F MARKETING | <input type="checkbox"/> <input type="checkbox"/> M F OFFICE VOLUNTEER | <input type="checkbox"/> <input type="checkbox"/> M F SINGLES ACTIVITIES | <input type="checkbox"/> <input type="checkbox"/> M F YOUTH PROGRAMS |
| <input type="checkbox"/> <input type="checkbox"/> BOARD OF TRUSTEES | <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"/> SISTERHOOD | <input type="checkbox"/> <input type="checkbox"/> WELCOME COMMITTEE |
| <input type="checkbox"/> <input type="checkbox"/> BEREAVEMENT GROUP | <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"/> SPECIAL EVENTS | <input type="checkbox"/> <input type="checkbox"/> OTHER |
| <input type="checkbox"/> <input type="checkbox"/> BUILDING & GROUNDS | <input type="checkbox"/> <input type="checkbox"/> HEBREW SCHOOL | <input type="checkbox"/> <input type="checkbox"/> MINYAN | <input type="checkbox"/> <input type="checkbox"/> SENIOR GROUP | <input type="checkbox"/> <input type="checkbox"/> TORAH READER | _____ |
| <input type="checkbox"/> <input type="checkbox"/> CARING/SOCIAL ACTION | <input type="checkbox"/> <input type="checkbox"/> ISRAEL | <input type="checkbox"/> <input type="checkbox"/> MUSIC | <input type="checkbox"/> <input type="checkbox"/> SINGLE PARENTS | <input type="checkbox"/> <input type="checkbox"/> YOUNG COUPLES | _____ |

Special talents, skills and interests: _____

The Jewish Community Center of Fort Lee
Congregation Geshher Shalom

Welcome to Our Synagogue Family!

MEMBERSHIP DUES AND FEES

July 1, 2022 – June 30, 2023

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 2022-23 Membership Dues

FAMILY

\$1,690

SINGLE

\$980

ASSOCIATE

\$500

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

* Alternative payment arrangements available.

Please contact the office for more information (201/947-1735).

FAMILY NAMES(S) _____

(Please print)

AMOUNT ENCLOSED \$ _____

SIGNATURE _____

DATE _____