 **300 North Broadway – Upper Nyack, NY 10960**

**845-358-3767**

**Congregation Sons of Israel Nyack**

**APPLICATION FOR MEMBERSHIP**

**Member 1**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hebrew Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kohen \_\_\_\_\_\_\_ Levi \_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Member 2**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hebrew Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kohen \_\_\_\_\_\_\_ Levi \_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Married (Please indicate Anniversary)\_\_\_\_\_\_\_\_\_\_\_\_; Single \_\_\_\_\_\_\_\_; Partnered \_\_\_\_\_\_\_\_\_\_

**CHILDREN:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Child 1 | Child 2 | Child 3 | Child 4 |
| First Name |  |  |  |  |
| Last Name |  |  |  |  |
| Hebrew Name |  |  |  |  |
| Date of Birth |  |  |  |  |
| Lives at Home? |  |  |  |  |
| Name of School |  |  |  |  |
| Bar/Bat Mitzvah | \_\_\_ Yes; \_\_\_ NoDate:  | \_\_\_ Yes; \_\_\_ NoDate: | \_\_\_ Yes; \_\_\_ NoDate: | \_\_\_ Yes; \_\_\_ NoDate: |

Will any of your children be attending our Hebrew School? Yes \_\_\_\_\_ No \_\_\_\_\_

Present or Former Synagogue affiliation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Information: (Name, Telephone, Address, Relationship) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any relatives or friends at CSI Nyack? Please tell us their names & how you are related: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tell us why you came to CSI Nyack (check all that apply):

\_\_\_\_ Worship Services \_\_\_\_\_ Religious School \_\_\_\_ CSI Rabbi \_\_\_\_\_ Special Programs/Activities

REFERRED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DECEASED LOVED ONES FOR YAHRZEIT LISTING:\***

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**English Date of Death \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**English Date of Death \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**English Date of Death \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**English Date of Death \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\* Attach extra sheets as needed**

I/We would like to participate in the following activities. Please contact me.

* Israel Programming
* Jews on the Hudson (Young Adults)
* Kiddush Lunch Committee
* Membership
* Men’s Club
* Preschool
* Programming
* Ritual
* Social Action
* Sisterhood
* Youth Activities
* Other: \_\_\_\_\_\_\_\_
* Adult Education
* Board of Trustees
* Building and Grounds
* Chesed (Caring) Committee
* Children’s Programming
* Communications and Publicity
* Cemetery
* Cooking
* Finance
* Fundraising
* Hebrew School Board
* Helping to Make a Minyan
* High Holiday Ushering
* Holiday Programming

**We are a participatory congregation.**

**We love members to get involved in services.**

**Please let us know what you are comfortable participating in or if you are interested in learning.**

Examples include: Reading Torah, Haftarah, English Reading, Leading services…

I/We hereby apply for membership in Congregation Sons of Israel of Nyack, and, if accepted, I/we agree to abide by its Constitution and By-Laws.

I/We am applying for: \_\_\_\_\_\_\_\_ Family Membership \_\_\_\_\_ Individual Membership

\_\_\_\_\_ Associate Membership \_\_\_\_\_\_\_Sr. Citizen Membership \_\_\_\_\_Long Distance Membership

\_\_\_\_\_Young Adult Out of Town \_\_\_\_\_\_ Young Adult 23 – 30 \_\_\_\_\_\_ Young Adult Individual 31 - 40

I/We hereby agree to pay the sum of $1,300 as my Building Fund obligation, payable during years 2 – 6 at a minimum of $260 per year.

I/We understand that Congregation Sons of Israel will be acting in reliance upon this pledge. Payment in full is still required should the member decide to leave the congregation for any reason. In addition, all Building Fund payments must be completed by the Bar/Bat Mitzvah date of the first child to be a Bar/Bat Mitzvah in our synagogue.

Member # 1 Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member # 2 Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_